

# Inspection Framework for Special School Residential Services

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

## Introduction

This inspection framework applies to [Special School Residential 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 Services \(Special School Residential Services\) \(Wales\) Regulations 2023](#) 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 1998](#)
- [The Equality Act 2010](#)
- [The United Nations Convention on the Rights of the Child \(UNCRC\)](#)
- [The United Nations Convention on the Rights of Persons with Disabilities](#)
- [The Mental Capacity Act 2005](#)
- [The Deprivation of Liberty Safeguards \(DoLS\)](#)
- [The Welsh Language Standards](#)

Further information on our commitment to upholding human rights within our regulatory and inspection work is set out on our website. Further information on our rights based approach to inspection is also set out in our [Code of Practice for Inspection of Regulated Services](#).

## Well-being and inspection

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

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 2017 Regulations, as amended and associated statutory guidance under the three themes of ‘Care and Support’, ‘Leadership and Management’ and the ‘Environment’.

We believe 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 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"> <li>I know and understand what care, support and opportunities are available and use these to help me achieve my well-being.</li> <li>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.</li> <li>I am treated with dignity and respect and treat others the same.</li> <li>My voice is heard and listened to.</li> <li>My individual circumstances are considered.</li> <li>I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me.</li> </ul>	1- 5 & 7	9-11 13-15	
2. Physical and mental health and emotional well-being. Also for children: Physical, intellectual, emotional, social and behaviour development	<ul style="list-style-type: none"> <li>I am healthy and active and do things to keep myself healthy.</li> <li>I am happy and do the things that make me happy.</li> <li>I get the right care and support, as early as possible.</li> </ul>	1-8	9-15	21
3. Protection from abuse and neglect	<ul style="list-style-type: none"> <li>I am safe and protected from abuse and neglect.</li> <li>I am supported to protect the people that matter to me from abuse and neglect.</li> <li>I am informed about how to make my concerns known.</li> </ul>	1-8	9-13 15-19	21
4. Education, training and recreation	<ul style="list-style-type: none"> <li>I can learn and develop to my full potential. I do the things that matter to me.</li> </ul>	1-3 7	9-11 14, 15 & 17	
5. Domestic, family and personal relationships	<ul style="list-style-type: none"> <li>I belong.</li> <li>I contribute to and enjoy safe and healthy relationships</li> </ul>	1-3 5	9-11 13, 15 & 16	
6. Contribution made to society	<ul style="list-style-type: none"> <li>I engage and make a contribution to my community.</li> <li>I feel valued in society</li> </ul>	1-3	15	

7. Social and economic well-being. Also for adults: Participation in work	<ul style="list-style-type: none"> <li>• I contribute towards my social life and can be with the people that I choose.</li> <li>• I do not live in poverty.</li> <li>• I am supported to work.</li> <li>• I get the help I need to grow up and be independent.</li> <li>• I get care and support through the Welsh language if I want it.</li> </ul>	1-3 7	9-11 14, 15 & 17	21- 22
8. Suitability of living accommodation	<ul style="list-style-type: none"> <li>• I live in a home that best supports me to achieve my well-being.</li> </ul>	1-3	9-11, 14 & 17	21 - 22

## Care and Support

	Area of Assessment	Line of enquiry	Page Number
1	Suitability of the service	<b>Line of Enquiry 1:</b> The extent to which a service provider considers a wide range of views and information, to confirm the service is able to meet children’s needs for care and achieve their personal outcomes. <b>(Regulation 10)</b>	<b>9-10</b>
2	Development and review of the personal plan	<b>Line of Enquiry 2:</b> The extent to which children feel confident that service providers have an accurate and up-to-date plan for how their care is to be provided in order to meet their needs. <b>(Regulation 11-14)</b>	<b>11-13</b>
3	Standards of care and support	<b>Line of Enquiry 3:</b> The extent to which children are provided with the quality of care and support they need through a service designed in consultation with them and their parents or carers and which considers their personal wishes, aspirations and outcomes of any risks and specialist needs which inform their needs for care and support. <b>(Regulation 17-21)</b>	<b>14-20</b>

4	Access to health and other services	<b>Line of Enquiry 4:</b> The extent to which children are supported to access healthcare and other services to maintain their ongoing health, development and wellbeing. <b>(Regulation 22)</b>	<b>21</b>
5	Safeguarding	<b>Line of Enquiry 5:</b> The extent to which service providers have in place mechanisms to safeguard vulnerable children to whom they provide care and support. <b>(Regulation 23-24 and 26-28)</b>	<b>22-24</b>
6	Hygiene and infection control	<b>Line of Enquiry 6:</b> The extent to which the service promotes hygienic practices and manages risk of infection. <b>(Regulation 48)</b>	<b>25-26</b>
7	Medication Management	<b>Line of Enquiry 7:</b> The extent to which the service has safe systems for medicines management. <b>(Regulation 50)</b>	<b>27</b>
8	Supplies	<b>Line of Enquiry 8:</b> The extent to which the service has sufficient quantities of supplies for children's care and support needs. <b>(Regulation 47)</b>	<b>28</b>

## Leadership and Management

	Area of Assessment	Line of enquiry	Page Number
9	Overall governance	<b>Line of Enquiry 9:</b> 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 children in order to enable them achieve their personal outcomes. <b>(Regulation 2, 5-6 and 8)</b>	<b>29-31</b>
10	Statement of purpose	<b>Line of Enquiry 10:</b> The extent to which the service is provided in accordance with the statement of purpose. <b>(Regulation 3)</b>	<b>32-33</b>
11	Quality assurance	<b>Line of Enquiry 11:</b> 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. <b>(Regulation 4, 57, 64-67, and 70-72)</b>	<b>34-38</b>
12	Financial sustainability	<b>Line of Enquiry 12:</b> 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 children to be safe and achieve their personal outcomes. <b>(Regulation 7)</b>	<b>39</b>
13	Culture	<b>Line of Enquiry 13:</b> 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. <b>(Regulation 9, 54, 74)</b>	<b>40-41</b>



14	Information	<b>Line of Enquiry 14:</b> The extent to which people 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 children and their representative. <b>(Regulation 15-16, 51, 69)</b>	<b>42-44</b>
15	Staffing	<b>Line of Enquiry 15:</b> The extent to which children 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 children to achieve their personal outcomes. <b>(Regulation 30-35, 58-63)</b>	<b>45-52</b>
16	Whistleblowing	<b>Line of Enquiry 16:</b> The extent to which people working at the service are supported to raise concerns about the service through whistleblowing procedures. <b>(Regulation 56, 73)</b>	<b>53-54</b>
17	Managing children's money	<b>Line of Enquiry 17:</b> The extent to which children are supported to manage their money. <b>(Regulation 25)</b>	<b>55-56</b>
18	Notifications	<b>Line of Enquiry 18:</b> The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting children. <b>(Regulation 52, 53, 75)</b>	<b>57-59</b>
19	Complaints	<b>Line of Enquiry 19:</b> The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. <b>(Regulation 55, 68)</b>	<b>60-61</b>

## Environment

	Area of Assessment	Line of enquiry	Page Number
20	Overall Environment	<b>Line of Enquiry 20:</b> The extent to which service providers ensure that children’s care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. <b>(Regulation 36-40)</b>	<b>62-66</b>
21	Health and safety	<b>Line of Enquiry 21:</b> The extent to which the service provider identifies and mitigates risks to health and safety <b>(Regulation 49)</b>	<b>67</b>

**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 meet children's needs and achieve their personal outcomes. **(Regulation 10)**

***What good looks like***

***Statutory Guidance - Regulation 10 - Suitability of the service***

- Service providers have an admissions and commencement of the service policy and procedure. This includes but is not limited to:
  - arrangements for confirming that the service can or cannot support the individuals to achieve their personal outcomes;
  - who will be consulted as part of the process;
  - the information to be considered;
  - the assessment processes (including for emergency admissions) and who will undertake the assessment;
  - the circumstances where a service will not be provided;
  - opportunities to visit the service; and
  - the arrangements for commencing the service
- A summary of the admission 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 care and support needs. In making this decision the service provider:
  - takes into account the requirements set out within regulation 10(3);
  - consults with the individual, the placing authority and/or their parent/representative to determine what matters to them;
  - obtains copies of and gives consideration to any existing care and support plan, integrated care and multidisciplinary assessments;
  - in the case of a child looked after, obtains a copy of and considers the Part 6 care and support plan, and works with the placing authority in planning the child's placement;
  - in the case of a child looked after aged 16 or over, obtains a copy of and considers the young person's pathway plan;
  - considers any risks to the individual or to others using the service and staff;
  - 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.

- Service providers ensure there is relevant information and support for individuals to understand the choices available to them (including provision from alternative service providers, where appropriate), 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 care and support and there is no parent or lawful representative appointed, their best interests are established and acted upon in accordance with the Mental Capacity Act 2005.
- Service providers ensure consideration is given to compatibility, the potential impact on the individual and the service provided to others using the service.
- People making these decisions on behalf of the service provider are competent in carrying out assessments and have sufficient responsibility and authority within the organisation to be able to decide whether the service can meet the individual's care and support needs.
- In addition to consultation with the individual and/or their parent/representative wider consultation with other relevant partners takes place. This is essential where there is shared responsibility for care.
- Where an individual does not have existing assessments and care and support plans an assessment must be undertaken prior to agreeing to provide a service. This assessment includes health, personal care and support needs, any specialist support required, communication, emotional, educational, social, cultural, religious, and spiritual needs and establishes their personal outcomes and aspirations.
- Where a placement is made on an emergency basis, every effort is made to secure relevant assessments prior to placement and to ensure that the service can meet the individual's needs.
- Where short stays are provided, updated care and support plans are reviewed and personal plans amended to reflect any changes prior to each admission to assure that the service provider can still meet the individual's needs.

**Line of Enquiry 2:** The extent to which children feel confident that service providers have an accurate and up to date plan for how their care is to be provided in order to meet and achieve their personal outcomes. **(Regulation 11-14)**

***What good looks like***

***Statutory Guidance - Regulation 11 - Personal plan***

- When a decision is made that the service can meet an individual's care and support needs an initial personal plan is developed, co-produced with the individual, the placing authority (if applicable) and any parent/representative (if appropriate) **before** the individual begins to receive care and support.
- In the case of an emergency, the initial personal plan will be in place within 24 hours of the service commencing.
- The initial personal plan is reviewed and updated during the first 7 days of commencement of service in line with the outcome of the provider's assessment (regulation 14).
- The personal plan will set out:
  - the actions required to meet the individual's well-being, care and support needs on a day to day basis. This includes the details of their care needs (including self medication), their personal preferences and routines for how this will be provided;
  - how the individual will be supported to achieve their personal outcomes;
  - how the individual's wishes, aspirations and religious beliefs will be supported;
  - steps to identify risks to the individual's well-being and how this will be managed;
  - steps to support positive risk taking;
  - steps to maintain, re-able and/or achieve independence.
- When a personal plan is being revised it is co-produced with the individual receiving care and support, the placing authority (if applicable) or any parent/representative.
- A copy of the personal plan is provided to the individual receiving the service and in a language and format appropriate to their needs, age and level of understanding. If there is a reason for not doing so this is documented.
- The personal plan is accessible and in a clear format to inform staff about how they should provide care and support on a daily basis to meet an individuals' needs and support them to achieve their personal outcomes.

- The personal plan takes into account any care and support plan prepared by a local authority for the person under section 54 of the 2014 Act.
- The personal plan takes into account any health or other relevant assessments and/or plans such as behavioural support plan.
- In drawing up a personal plan for a child looked after, the service provider works with the placing authority to ensure the plan takes into account the child's Part 6 care and support plan (including the health plan, personal education plan and placement plan for the child).
- For a child looked after aged 16 or over, the provider takes into account the young person's pathway plan.

***Statutory Guidance - Regulation 12 - Review of personal plan***

- The personal plan is kept under review and is amended and developed to reflect changes in the individual's care and support needs and personal outcomes.
- The plan is reviewed every three months or sooner, if there is a change in the individual's needs, and in line with any reviews undertaken by the placing authority.
- In the case of a child looked after, the provider ensures that these three monthly reviews align with the child's 'children looked after' review undertaken by the child's placing authority. A review of the personal plan must be undertaken after every child looked after review.
- Reviews are undertaken involving the individual and, where appropriate, their parent/representative.
- Reviews take into account the information recorded on a daily basis relating to the individual achieving their personal outcomes. Where this differs significantly from any commissioning body's assessment and care and support plan, the relevant commissioner is notified.

***Statutory Guidance - Regulation 13 - Records of personal plans***

- A copy of the personal plan is provided in a format and language appropriate to the person's needs.
- Individuals, the placing authority and any parents/representatives are informed about how they can access the personal plan.

***Statutory Guidance - Regulation 14 - Provider assessment***

- A provider assessment builds on the information which has informed the decision to provide a service for the individual, including any existing care and support plan. The assessment is proportionate to the nature of the placement and the individual's particular circumstances.
- The provider assessment identifies:
  - the individual's personal outcomes;

- the care and support needed to support individuals to achieve their personal outcomes;
- their personal preferences (taking into account any religious or philosophical beliefs or cultural background in how these can be achieved);
- any risks to the individual's well-being or risks to the well-being of others and how these will be mitigated; and
- areas which require more in depth or specialist assessment.
- The assessment is coproduced with the individual intending to or currently using the service and/or their parent/representative.
- The outcome of the provider assessment informs the development of the personal plan within the first 7 days of the individual commencing the service.
- Persons undertaking the provider assessment on behalf of the service provider:
  - are competent and experienced in undertaking assessments; and
  - have experience and training in the provision of care for the individuals they are assessing.
- Where individuals have complex and specialist needs the person undertaking the assessment has training relevant to those needs or seeks the advice and guidance of a relevant specialist.
- Where individuals have nursing needs the assessment is undertaken by a registered nurse with the relevant skills.
- Where individuals are supported by a range of service providers there is collaboration to ensure that all partners are clear about their responsibilities in relation to that individual for the purposes of the assessment and the review of their needs.
- Tools for assessment reflect up to date good practice guidance and legislation.
- Assessments are reviewed and revised whenever there is a significant change in an individual's needs or where the personal plan is not supporting the individual to achieve their personal outcomes.
- The personal plan is revised and updated as required following any provider assessment.

**Line of Enquiry 3:** The extent to which children are provided with the quality of care and support they need through a service designed in consultation with them and their parents or carers and which considers their personal wishes, aspirations and outcomes of any risks and specialist needs which inform their needs for care and support. **(Regulation 17-21)**

***What good looks like******Statutory Guidance - Regulation 17 - Standards of care and support - overarching requirements***

- The service provider's approach to standards of care and support, including any person centred positive behaviour support, is clearly set out in the statement of purpose.
- Achievement of an individual's personal outcomes are supported by policies and procedures.
- Policies and procedures include the management of specific needs that are in line with any current legislation, national guidance and reflect evidence-based practice.
- Service providers ensure the service is responsive and proactive in identifying and mitigating risks, and in supporting positive risk-taking and independence where it has been determined this is appropriate.
- Service providers ensure medical advice and professional help for an individual is sought (where appropriate) or a referral to commissioners is made in a timely manner.
- Service providers ensure care and support is delivered in a dignified and respectful manner in which staff and volunteers have meaningful interactions and positive and caring attitudes towards individuals.
- Service providers ensure care and support is provided in keeping with any assessment and personal plan, meets the individual's needs and supports them to achieve their personal outcomes in relation 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;
  - intellectual, emotional and behavioural development;
  - rights and entitlements, in particular with regard to the United Nations Convention on the Rights of the Child and the United Nations Convention on the Rights of Persons with Disabilities;
  - protection from abuse, neglect and improper treatment.



- Personal plans include sufficient detail to inform and enable staff to meet the individual's care and support needs and support individuals to achieve the best possible outcomes. This is based on relevant guidance, information or prescribed practice.

**Examples of this include:**

**Individuals are supported to have independence, choice and control in their day-to-day life and with their personal development**

- Individuals are encouraged and supported to be as independent as possible, to do what they can themselves, including support for self-care.
- Individuals are supported to fulfil their potential and do things that matter to them and make them happy. This can include being involved in everyday decisions such as choosing their own meals, the activities they take part in and their routines and being supported to participate in , developing and maintaining hobbies, joining community activities and volunteering.
- Individuals are involved in decisions about their care options, adaptations to their environment and the equipment they use.
- Individuals are supported to be healthy and active and undertake activities that support them to be healthy.
- Children and young people are encouraged to develop daily routines that promote their well-being, such as meal times and bed times.
- Individuals receive support to develop independent living skills.
- Individuals are supported in their choices to have visits from family, friends and others and to meet with them in private if that is their preference.
- Individuals are supported in their choices to go out, unless it is not appropriate or would be inconsistent with the well-being of an individual.
- Service providers work with the individual, their parents/ representatives and other professionals involved in the individual's life to ensure support is available when the individual leaves the service, such as pathway planning, in line with national guidance.
- Individuals are supported and prepared for leaving the service, both when this is planned or in an emergency.

### **Individuals are supported with their emotional and mental well-being**

- Where individuals are at risk of emotional and well-being difficulties, service providers support individuals to:
  - feel they are respected as individuals and that their identity is recognised and valued;
  - feel they have choice and control and are listened to;
  - feel secure and safe;
  - feel they belong and matter to others;
  - enjoy safe and healthy relationships with family and friends and to develop new relationships; and
  - experience continuity.
- Service providers recognise and respond positively to individual's emotional needs especially when they are experiencing difficulty, for example when individuals are lonely, distressed, experiencing transition or loss, or experiencing anxiety, depression or other forms of mental illness.
- Staff receive appropriate training to understand behaviours and adopt strategies to support individuals with their behaviours to achieve positive well-being and outcomes.
- Policy and procedures include the individual roles and responsibilities of staff or others working at the service in relation to person centred positive behaviour support. This is aligned with any current national guidance and evidence-based practice.

### **Individuals are supported to maintain a healthy diet and fluid intake**

- Where food and/or drink is provided for individuals, there is a choice which meets their needs and preferences as far as is reasonably practical.
- Healthy choices of food are available and are promoted.
- Mealtimes are a positive experience and, where required, individuals are supported sensitively to eat and drink.
- Where assessments are undertaken this includes the identification, using nationally recognised tools and evidence-based guidance, of where an individual's nutritional or fluid intake could be compromised.
- Where individuals are identified as being at risk of weight loss or dehydration there is effective monitoring of weight, nutritional and fluid intake, and remedial action is taken when concerns arise or persist.
- Where necessary, additional specialist advice is sought to support care. Prescribed treatments and support, including specialist diets and food and drink preparation, is adhered to.

### **Individuals are supported to manage skin integrity appropriately**

- Where skin integrity assessments are needed, they are only undertaken using assessment tools approved by Public Health Wales. Individuals assessed as being at risk are put on the SKIN bundle (Public Health Wales).
- Staff completing the skin integrity assessment have the required skills and knowledge in both skin assessment, management and treatment of pressure ulcers/wounds.
- Pressure relieving equipment is appropriate, in good working order and relevant to the risk assessment rating.
- Where necessary, additional specialist advice is sought to support care.

### **Individuals are supported with maintaining and managing continence**

- Where appropriate, individuals are supported to maximise their independence with personal toileting routines.
- Care and support is provided with continence management and is provided in a way which protects the individual's dignity and privacy.
- Service providers ensure that an assessment of individuals' continence is undertaken, where relevant. This is undertaken using recognised tools, and additional expert support and advice is sought where necessary.
- Recommendations for managing continence, including the use of specialist aids and products, are outlined in the personal plan and are followed by staff.

### **Individuals are supported to identify and manage sensory impairment appropriately**

- Where appropriate, service providers ensure individuals receive relevant checks and provide support to access ongoing reviews.
- Where individuals have been provided with aids such as hearing aids and glasses, etc, staff understand their importance and are proactive in supporting individuals to use them.
- Service providers ensure that any aids are appropriately maintained so they may be used effectively.
- Service providers consider the potential impact on individuals with sensory impairment when planning the environment, for example, the effects of noise in communal areas on individuals who have a hearing impairment.

### **Individuals are supported with their cognitive impairment**

- Service providers recognise and understand the specialist needs of individuals who have been identified as having a cognitive impairment. The service provider provides individual therapy activities and specific programmes to prevent or manage a particular condition or behaviour and to enhance the quality of life for individuals.
- Care and support is based on recognised evidence-based guidance and frameworks relevant to the individual's impairment and in line with the service provider's statement of purpose.
- Staff receive appropriate training to understand cognitive impairment. This includes pain recognition and pain management, and how to communicate with, and employ strategies to support, individuals with cognitive impairment to help them achieve positive well-being and outcomes.
- Individuals are given ongoing support and encouragement to motivate or enable them to take part in daily life.
- Service providers seek expert assessments and advice, where appropriate, for individuals who have ongoing difficulties and/or cognitive deterioration. The outcome of any assessment prompts a review of the personal plan and of the support provided to the individual.

### **Individuals are supported to have effective oral hygiene and dental health**

- Individuals are encouraged to care for their teeth and mouths and, where necessary, are provided with support to do so.
- Appropriate oral healthcare supplies are readily available and kept in good condition.
- Oral healthcare is monitored as part of daily care and remedial action is taken where issues are identified.
- Where appropriate, individuals are assisted to access regular dental health checks or to visit a dentist if pain or decay is suspected.

### ***Statutory Guidance - Regulation 18 - Continuity of care***

- Service providers have the staff and resources available to provide a service in line with the statement of purpose and to meet an individual's care and support needs.
- Individuals know staff at the service. They are told about staff changes which affect them and new workers are routinely introduced to them.

- Staffing arrangements provide consistency of care and support. Where replacement staff are used they are familiar with, and have a good understanding of, the individuals to whom they are providing care and support.

#### ***Statutory Guidance - Regulation 19 - Information***

- Service providers ensure that individuals are able to make decisions about their lives and are supported 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 support for their communication needs to enable them to make decisions about their lives.

#### ***Statutory Guidance - Regulation 20 - 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 measures in place to ensure that individuals can communicate meaningfully. This includes:
  - the individual's language of need and choice;
  - additional means of communication such as Picture Exchange Communication System (PECS), Treatment and Education of Autistic and related Communication handicapped Children (TEACCH), Makaton, 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.
- Individuals can understand staff when they communicate with them.
- Service providers ensure that aids and equipment required to support individual's communication needs are in place, accessible, well maintained and that staff know how to use 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 21 - Respect and sensitivity***

- Service providers ensure that individuals are:
  - listened to, and communicated with, in a courteous and respectful manner with their care and support being the main focus of staff's attention; and
  - treated with respect and feel valued;
- Individuals requiring intimate personal care have this provided in a dignified way with their personal preferences respected. This should be agreed with the individual and recorded in their personal plan.
- Individuals are encouraged to take part in everyday tasks and contribute their views, if they choose to, on the way the in which the service is run.
- Technology and specialist equipment are provided or made accessible to enable individuals to call for assistance and to enable people to manage their own needs.
- Service providers ensure that individuals are:
  - listened to, and communicated with, in a courteous and respectful manner with their care and support being the main focus of staff's attention; and
  - treated with respect and feel valued;
- Individuals requiring intimate personal care have this provided in a dignified way with their personal preferences respected. This should be agreed with the individual and recorded in their personal plan.
- Individuals are encouraged to take part in everyday tasks and contribute their views, if they choose to, on the way the in which the service is run.
- Technology and specialist equipment are provided or made accessible to enable individuals to call for assistance and to enable people to manage their own needs.

**Line of Enquiry 4:** The extent to which individuals, for whom accommodation is provided, are supported to access healthcare and other services to maintain their ongoing health, development and well-being. **(Regulation 22)**

***What good looks like***

***Statutory Guidance - Regulation 22 - Access to health and other services***

- Where required, assistance and support is provided to access services from health and allied health professionals; this must be undertaken in a timely manner. This includes seeking assistance on behalf of individuals or supporting them to access the services.
- Staff are aware of their role in health promotion.
- Written permission from a parent/ representative has been obtained in advance for the administration of first aid and appropriate non-prescription medication to individuals, and to seek medical or dental treatment when required.
- Records relating to professional consultations are kept (including, where possible, any resulting actions) and, where available, relevant correspondence maintained to provide a clear health record for the individual.
- Where there are multiple professionals involved in an individual's care and support the service provider establishes roles and responsibilities for referral and advice. This is recorded and is clear for the individual and staff involved in their care and support.
- Individuals are supported to access additional facilities, where available, to promote health and well-being or support them to achieve their personal outcomes, for example, access to leisure centres, fitness classes or other therapeutic activities.

**Line of Enquiry 5:** The extent to which service providers have in place mechanisms to safeguard vulnerable individuals to whom they provide care and support. **(Regulation 23, 24, 26-28)**

***What good looks like******Statutory Guidance - Regulation 23 - Safeguarding - overarching requirement***

- When they begin using the service, individuals and their parents/representatives are given information about safeguarding, how to raise a safeguarding concern and the support available to enable them to do so (including access to independent professional advocacy services).
- Staff and volunteers have access to up to date safeguarding policies and procedures and are supported to act in accordance with them.
- Staff receive training relevant to their role at induction to enable them to understand their responsibility to safeguard and protect individuals. This includes both internal and local safeguarding arrangements including how to raise a safeguarding concern and how the service provider's whistleblowing policy supports raising a concern about a member of staff or volunteer.
- Staff training is ongoing at regular intervals in line with local safeguarding arrangements and in accordance with Social Care Wales safeguarding training, learning and development standards.
- Staff and volunteers are aware of their individual responsibilities for raising safeguarding concerns to ensure the safety and well-being of individuals.

***Statutory Guidance - Regulation 24 - Safeguarding policies and procedures***

- There is an up-to-date safeguarding policy and procedures in place.
- Safeguarding policies and procedures are aligned to current legislation, national guidance and local adult and children's safeguarding procedures. They should reflect and align with the Wales Safeguarding Procedures.
- The Safeguarding policies and procedures include the individual roles and responsibilities of staff and others working at the service in identifying, responding to and reporting on allegations of abuse, neglect or improper treatment or any suspected abuse, neglect, or improper treatment. This will include instruction for staff and volunteers on actions to be taken and mechanisms for referral to the local authority and other relevant partners and agencies.



- Staff supervision processes regularly revisit safeguarding procedures and seek to identify any gaps in staff knowledge.
- Where there is any allegation or evidence of abuse, neglect or improper treatment, arising within the service or otherwise, the service provider ensures that immediate action is taken to ensure the safety of individuals for whom care and support is provided and makes appropriate referrals to other relevant agencies (which may include a local authority) to ensure that individuals are safe and protected.
- Service providers ensure that individuals are informed of their right to independent professional advocacy services in raising a safeguarding concern.
- Service providers ensure that service users are informed of their right to independent professional advocacy services.

***Statutory Guidance - Regulation 26 - The appropriate use of control and restraint***

- Service providers ensure a positive and constructive approach is adopted to support an individual's behaviour. This is informed by person centred planning to reduce the likelihood of situations arising where restrictive practices are absolutely necessary.
- Any strategies or measures taken to support the individual's behaviour are consistent with—
- meeting the individual's needs for care and support;
- the well-being of other individuals for whom care and support is provided.
- There is a policy in place for the appropriate use of control, restraint or restrictive practice which reflects current national guidance.
- Staff are aware of and understand and follow the policy and procedures on the appropriate use of control and restraint.
- As part of their induction, staff receive positive behavioural support training that is relevant to their role. Any control or restraint practices are only used when absolutely necessary, in line with current national guidance.
- Staff are kept up to date on the policy and procedures in line with any changes to guidance and legislation.
  - Service providers ensure that if using forms of control, restraint or restrictive practice, they are able to check it:
  - is used as part of a pro-active approach to behavioural support;
  - is proportionate to the risk of harm and the seriousness of that harm to the person using the service or another person;
  - takes account of the assessment of the person's needs and their capacity to consent to such treatment; and
  - follows current legislation and guidance.
- Where an individual lacks mental capacity to consent to the arrangements for their care and support, service providers follow the statutory principles and provisions of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, where appropriate. Service providers ensure acts of care and support are in the person's best interest and there is lawful authority in place where required.

- Service providers and staff regularly monitor and review the approach to, and use of control, restraint or restrictive practice and report on this within their governance framework. This includes:
  - the details of the incident and actions taken in response; and
  - sufficient detail to enable analysis and review of the individual's care and support needs as well as to inform wider review of service provision.
- Records of the use of control, restraint and restrictive practice are reviewed and reported upon within the quality of care review.

***Statutory Guidance - Regulation 27 - Prohibition on the use of corporal punishment – refer to Regulation 27***

***Statutory Guidance - Regulation 28 - Deprivation of Liberty***

- Service providers act at all times in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards as well as the Code of Practice to the Mental Capacity Act 2005 and supplementary Code of Practice for Deprivation of Liberty Safeguards.
- Staff are trained at appropriate intervals and in line with any changes to guidance and legislation to understand their responsibility under the Mental Capacity Act and the Deprivation of Liberty Safeguards.

**Line of Enquiry 6:** The extent to which the service promotes hygienic practices and manages risk of infection. **(Regulation 48)**

### What good looks like

#### **Statutory Guidance - Regulation 48 - Hygiene and infection control**

- Policies and procedures are in place that promote hygiene and take into account current legislation and guidance, for example those which relate to:
  - food handling;
  - hand washing; and
  - cleaning and laundering arrangements (where relevant).
- Staff and volunteers are aware of the policies and procedures relevant to their role and have training to understand safe working practices concerning hygiene and the prevention of infection.
- Service providers ensure:
  - cleaning programmes are in place, with appropriate staff and equipment for the care and support provided, to ensure that standards of hygiene are maintained;
  - systems are established to monitor levels of cleanliness and to take action where shortfalls are identified.
  - systems are in place for the oversight and monitoring of standards of hygiene.
- Equipment relevant to the statement of purpose is provided to maintain high standards of hygiene, for example:
  - laundering facilities and hand washing facilities which are easily accessible and appropriately sited;
  - access to protective clothing, gloves and aprons.
- The service provider has policies and procedures in place that meet the requirements of the relevant regulatory authorities to ensure the health and safety of individuals using the service, staff, volunteers and visitors.
- Procedures for the management of hazardous waste meet the requirements of relevant Health and Safety legislation and guidance.
- There are policies and procedures to prevent infection and the spread of infection which are aligned to any current legislation and national guidance. This includes, but is not limited to:
  - the safe handling and disposal of clinical waste;
  - dealing with spillages;
  - the provision of protective clothing;
  - hand washing.

- Equipment provided for cleaning and decontamination is suitable to meet the requirements of current legislation and guidance and relevant to the statement of purpose. It is:
  - easily accessible; and
  - cleaned and decontaminated after each use in line with current legislation, guidance, and manufacturers' instructions

**Line of Enquiry 7:** The extent to which the service has safe systems for medicines management. **(Regulation 50)**

**What good looks like**

***Statutory Guidance - Regulation 50 - Medicines***

- There is a medication policy and procedure in place which is aligned to any current legislation and national guidance. This includes the systems in place for the management and oversight of ordering, reordering, storage (of both controlled and non-controlled medication), administration (including covert administration), reconciliation, recording, and disposal of medicines.
- Medication storage and administration adheres to statutory and non-statutory national guidance.
- Arrangements are in place to support and promote the individual's independent management of their medication including liaison with relevant professionals to enable this.
- Where covert medication is provided, it is administered in line with current best practice guidance.
- Staff receive training and are competent before managing, administering or supporting individuals to manage their own medication.
- Systems are in place to ensure the oversight and audit of medicines management.
- Where staff are taking on delegated activities from other professionals relating to medicine management this is in keeping with any current national guidance and/or professional codes of practice.

**Line of Enquiry 8:** The extent to which the service has sufficient quantities of supplies for their care and support needs.  
(Regulation 47)

**What good looks like**

***Statutory Guidance - Regulation 47 - Supplies***

- Service providers ensure supplies are of a sufficient level to meet the high quality of care required to support individuals to achieve their personal outcomes.
- Individuals are supported to access personal supplies where relevant.
- Arrangements are in place for the oversight and review of supplies required by the service, This includes contingency plans in case of an emergency.

**Line of Enquiry 9:** 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 2, 5-6, 8)**

**What good looks like**

***Statutory Guidance - Regulation 2 - Requirements in relation to the provision of the service***

- Service providers have clear arrangements for the oversight and governance of the service in order to establish, develop and embed a positive and compassionate culture which ensures that the best possible outcomes are achieved for individuals using the service and to meet the requirements of the Regulations.
- This includes but is not limited to:
  - values, attitudes and behaviours of leaders and care staff which enable individuals to lead confident, inclusive and empowered lives;
  - a rights-based approach where individual's rights, including their human rights, are upheld;
  - policies and procedures to achieve the aims of the statement of purpose and to place individuals at the centre of the service;
  - systems for assessment, care planning, monitoring and review which support evidence-based practice and enable individuals to achieve their personal outcomes;
  - processes to ensure care is delivered consistently and reliably;
  - safe staffing arrangements, underpinned by professional development, to meet the care and support needs of individuals;
  - quality and audit systems to review progress and inform the development of the service;
  - a proactive approach to equal opportunities and diversity;
  - suitable and accessible premises, facilities and equipment.
- ensuring the residential and educational aspects at the service create continuity of care for the individual.

### ***Statutory Guidance - Regulation 5 - 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 Social Care Wales. 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 13 to 17 of the Regulations, is still being met under alternative arrangements.

### ***Statutory Guidance - Regulation 6 - Requirements in relation to the responsible individual 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 Social Care Wales. 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 6(3) are met.

### ***Statutory Guidance - Regulation 8 - 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, where it is appropriate and relevant to the service.
- 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;
  - provide guidance for staff and volunteers to ensure that services are provided in line with the statement of purpose; and
  - set out requirements to inform individuals and their parents/representatives 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.
- Where changes are made to policies and procedures which directly affect individuals and/or their representatives, these are communicated to individuals and any representative in a timely manner.
- Service providers ensure staff and volunteers 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.
- All policies and procedures are available on request to the individuals who use the service, their parents/representatives and, where appropriate, relevant placing authorities and commissioners.
- Policies and procedures are in a format accessible to the individual and support is provided to assist individuals' understanding of these.
- Systems for monitoring and improvement include those which ensure the service is being run effectively in accordance with the policies and procedures.
- The policy and procedures related to regulation 8(2) includes:
  - individual roles and responsibilities of staff and others working at the service, in identifying, receiving and reporting allegations of bullying.
  - individual roles and responsibilities of staff and others working for the service, in reporting when a child is absent without permission.
  - instructions for staff on actions to be taken, in such instances, and mechanisms for referral to relevant partners and agencies.

**Line of Enquiry 10:** The extent to which the service is provided in accordance with the statement of purpose. **(Regulation 3)**

### What good looks like

#### **Statutory Guidance - Regulation 3 - Requirements in relation to the statement of purpose**

- The statement of purpose is fundamental to the service. It should:
  - accurately describe the services provided;
  - state where these services will be provided and describe the location in relation to the special school;
  - state how these services will be provided;
  - state the arrangements to support the delivery of the services;
  - describe the working relationship between the education and residential settings. This includes but is not limited to the joint working arrangements for policies and procedures, staff, premises, facilities and equipment, and records.
- A copy of the statement of purpose is readily available to individuals who use the service, staff and any parent/representative who may request it.
- It must include the information set out in The Regulated Services (Registration) (Wales) Regulations 2017 .
- In preparing a statement of purpose, the service provider takes into account any statement of purpose guidance provided by the service regulator.
- A statement of purpose is provided for each place/location at which a service will be provided.
- Service providers review and update the statement of purpose at least annually or when 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. The provider notifies those persons set out in regulation 3(6) at least 28 days prior to the changes being made. Examples of this include:
  - Where a service which does not provide nursing care intends to provide nursing care;
  - provision of additional specialist services;
  - where a specific service referred to in the statement of purpose is to be withdrawn; or
  - 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 (required by regulation 3(3)), for example in response to an urgent request, the provider:
  - notifies the service regulator 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 satisfies the service regulator of their ability to provide the services proposed by, for example, providing additional information or receiving a visit from the service regulator to the service (where appropriate).
- Where the statement of purpose is updated, a record is kept of the version and date of amendment

**Line of Enquiry 11:** 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 4, 57, 64-67, 70-72)**

### What good looks like

#### ***Statutory Guidance - Regulation 4 - Requirements in relation to monitoring and improvement***

- Service providers have systems and processes in place to monitor, review and improve the quality of care and support. This will include identifying:
  - who is responsible for ensuring this is done;
  - how this will be done;
  - how often this takes place;
  - 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 the 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 the relevant people listed in regulation 4(2) about the quality of care and support; 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 4(2) are appropriate to their age, level of understanding and take into account their specific condition and/or any communication impairment.
- Information collated through quality and audit systems is used to develop the review of quality of care review report in line with regulation 71(4).

**Statutory Guidance - Regulation 57 - Supervision of management of the service**

- The responsible individual follows the service provider's prescribed policies, processes and systems 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' well-being and personal outcomes;
  - listens to individuals;
  - responds positively to any concerns or complaints;
  - does not place individuals at unnecessary risk;
  - achieves best possible outcomes for individuals;
  - fulfils the statement of purpose;
  - has sufficient numbers of staff who are trained, competent and skilled to undertake their role;
  - 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 64 - 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 care review. The visit includes the following:
  - talking to, with consent and in private, individuals using the service and their parents/representatives (if applicable) and staff.

- inspecting the premises, a selection of records of events and any complaints records.
- The responsible individual ensures visits are documented including evidence of:
  - the date of the visit
  - details of discussions with staff and individuals using the service
  - details of the records reviewed and details of the outcome of the visit
  - such as actions taken to make any improvements required.

***Statutory Guidance - Regulation 65 - Oversight of adequacy of 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,
  - inspection outcomes and or reports from other relevant agencies i.e. Health and Safety Executive (HSE), Food Standards Agency (FSA) 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 66 - 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 66 and 71(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:
  - Any allegation, incident or evidence of abuse, neglect or improper treatment
  - sudden or unexplained death of individuals using the service;

- natural disaster;
- financial irregularities;
- significant outbreak of infection;
- significant concerns raised by the service regulator or commissioners; and
- any event, which affects staff availability.
- 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 and/or safety 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 areas of learning are 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 67 - 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 67(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 or communication need.
- 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 representation;
  - commissioners;
  - regulators;
  - professional bodies.

***Statutory Guidance - Regulation 70 - Duty to ensure policies and procedures are up to date***

***Statutory Guidance - Regulation 71 - Quality of care review***

- The responsible individual has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. This includes, but is not limited to:
  - the collation and analysis of feedback from those listed under regulation 67(1);
  - issues and lessons learned in the analysis of complaints and safeguarding matters;
  - patterns and trends identified through the analysis of incidents or near misses, for example, falls or medication errors, safeguarding risks etc;
  - 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, including personal plans.
  - The outcome of the latest Estyn inspection reports
- The responsible individual ensures that the audit systems and processes for monitoring the service give assurance that the service provides high quality care, achieves the best possible outcomes for individuals and improves their well-being.
- 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 and/or safety 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 areas of learning are 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 72 - Statement of compliance with the requirements as to standards of care and 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 12:** 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 7)**

### What good looks like

#### ***Statutory Guidance - Regulation 7 - 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 regulation.
- 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 13:** 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 13, 54, 74)**

### What good looks like

#### ***Statutory Guidance - Regulation 13 - Duty of Candour***

- Service providers have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff and volunteers are aware of and follow them. These policies and procedures are in line with, and take account of SCW's 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 individuals and their parents/representatives when things go wrong;
  - providing information about incidents which happen and the outcome of any investigations that have taken place;
  - 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, school governor, 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 professional 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 54 - Conflict of interest (including prohibitions)***

- 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.
- Where a medical practitioner has a financial interest in the service, that practitioner does not act as the medical practitioner for an individual at the service. A financial interest includes:
  - being the owner, partner or director in the provider organisation;
  - being a shareholder or holding stocks in the provider organisation.

***Statutory Guidance - Regulation 74 - Duty Candour (Responsible Individual)***

- The responsible individual acts in an open and transparent way ensuring suitable arrangements are in place to ensure compliance with the requirements of regulation 74.

**Line of Enquiry 14:** 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 15-15, 51, 69)**

### What good looks like

#### **Statutory Guidance - Regulation 15 - Information about the service**

- A written guide is available to individuals, the placing authority and any parents/representatives, 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 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, visual aids. When required it is explained in the individual's preferred method of communication.
- Where required individuals are supported to understand the contents of the guide and what it means for them.
- The guide sets out the areas required by regulation 15(3) and in addition includes the following:
  - arrangements for welcoming and supporting individuals;
  - the ethos, culture and priorities of the service including a summary of the statement of purpose;
  - how to access the most recent inspection report completed by the service regulator;
  - key staff who will be supporting the individual;
  - how to contact the responsible individual;
  - the opportunities and mechanisms for the involvement of families, carers and the community;
  - the complaints procedure and how to make a complaint;
  - contact details and role of the local social services authority, , service regulator and Children's Commissioner (as appropriate);
  - access to, and support to access, relevant advocacy services and other agencies or services, such as primary healthcare services (GP; Dentist; Optometrist, Pharmacist, Chiropodist, Hospital visits);
  - access to, and support to access, relevant digital communication devices and/or assistive technology
  - arrangements for contributing views and participation in the running of the service;
  - fees – range, any additional fees or costs payable by the individual, method of payment, notice of increase; and
  - 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.

- policy on accommodating personal preferences, e.g. pets, furniture etc;
- availability of, and support to access, telephone, Wi fi, internet etc;
- activities, including support to access community services and activities;
- facilities available as part of the service; and
- information about health and safety including any fire safety and evacuation procedures.

### ***Statutory Guidance - Regulation 16 - Service agreement***

- Individuals using the service are given a copy of the agreement / contract which details the individual service to be provided and, where applicable:
  - information about any the costs covered by the individual and what they cover;
  - information about any costs payable by the placing authority and what they cover;
  - arrangements for how payments are to be made;
  - any late payment charges;
  - terms and conditions of the service including termination of contract and notice period;
  - Arrangements and timescales for notifying individuals of contractual changes; and
  - the rooms to be used
- so that they can make decisions about their care and support.
- In the case of children looked after, this information will also be provided to the placing authority.
- Service agreements and contracts are in line with consumer law.

### ***Statutory Guidance - Regulation 51 - Records***

- There is a policy and procedures for the management of records. This includes, for example, records relating to an individual's specialist assessment, mental capacity test, Deprivation of Liberty Safeguards, etc.
- Staff are aware of the policy and have a clear understanding of the procedures for 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 efficient running of the service as specified by schedule 2 of the Regulations.
- Service providers ensure a permanent, private and secure record of the individual's history, educational plans, progress and achievements, any statement of additional learning needs is maintained. The record is maintained and readily available at the regulated service and can be seen by the individual and by the individual's parent/ representative as appropriate and in keeping with any current legal requirements or court orders in place.

- All records are secure, up to date and in good order. They are prepared, maintained, and used in accordance with the data protection legislation and other statutory requirements and are kept for the required length of time as set out in regulation 51(3)(f) &(g).
- Records are stored securely including electronic records which are password protected.
- Individuals, their carers or their parent/ representative, and staff are given access to any records and information about them held by service providers in accordance with current legal requirements.

***Statutory Guidance - Regulation 69 - 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 15:** 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 30-35, 58-63)**

### What good looks like

#### **Statutory Guidance - Regulation 30 - Staffing - Overarching requirements**

- Service providers have a demonstrable, measurable and systematic approach to determining the number of staff and range of skills/qualifications required for the reliable provision of care and support to meet individuals' needs and support them to achieve their personal outcomes. This considers, but is not limited to:
  - the statement of purpose;
  - the assessed needs and dependency levels of individuals;
  - the environment, facilities and equipment provided; and
  - the different levels of knowledge, skills and competence required to meet the specific needs of individuals on a collective and individual basis. This includes the management arrangements and the number of registered professional and social care workers needed.
- Each individual has at least one key worker (this could be the designated 'link worker') within the service who provides continuity of care, guidance and support to the individual, and is known to the individual's parent/ representative.
- Where individuals are identified as having nursing care needs, sufficient numbers of registered nurses with a relevant qualification, experience, competency and relevant skills are deployed to work at the service to supervise and provide for the needs of those individuals.
- Where individuals are assessed as requiring 24 hour nursing care (due to the intensity, complexity and/or acuity of their needs), the provider:
  - ensures sufficient numbers of qualified, competent and experienced registered nurses are responsible, accessible and present for meeting the nursing care needs of individuals at all times.
  - demonstrates the way in which the number and competency of registered nurses deployed has been determined.

- Staffing levels and skill mix are reviewed continuously and adapted to respond to the changing needs and circumstances of individuals using the service.
- Arrangements are in place to cover staff sickness or absence to ensure care and support needs are met and individuals are supported to achieve their personal outcomes.
- There are procedures to follow in the case of in an emergency that make sure sufficient and suitable staff are deployed to cover both the emergency and the routine work of the service.

***Statutory Guidance - Regulation 31 – 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 employment.
- Where agency staff are deployed service providers ensure that they are subject 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.
- The service provider has a process in place to assure themselves the agency is reliable and robust in carrying out these checks.
- Positive consideration is given to involving individuals using the service in the recruitment of new staff.
- 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 individual has the necessary skills, qualifications, and good character to undertake the role for which they are employed/deployed.
- Service providers ensure any person who is not required to register with SCW but who will be involved in the care and support of a service user, for example an occupational therapist has been checked in line with the requirements set out within regulation 31(2)(a)-(d).
- Where staff (including volunteers) no longer meet the required fitness criteria set out in regulation 31(2), service providers take appropriate and timely action to ensure that individuals are not placed at risk. For example, this may include:
  - coaching and mentoring;
  - providing additional training and supervision;
  - the use of disciplinary 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 persons whose fitness to practise is brought into question.
- Where there are concerns that a person working at the service has abused or caused harm to an individual or placed an individual at risk of abuse, the Disclosure and Barring Service (DBS) and any relevant professional registration body are notified by the service provider without delay.
- A registered provider has a legal duty to refer a staff member or volunteer to the DBS if the staff member or volunteer has been removed from working at the service (or an employee has resigned before they could be dismissed) and the staff member or volunteer has harmed or is considered to pose a risk of harm to a child or vulnerable adult.

***Statutory Guidance - Regulation 32 - Supporting and developing staff***

- Service providers ensure they have an induction programme that equips all new staff and volunteers to be confident in their roles and practice and enables them to make a positive contribution to the well-being and safety of individuals using the service.
- Social care workers complete the relevant induction programme required by Social Care Wales within the defined timescale alongside any service-specific induction programmes.
- Staff have access to copies of any relevant codes of professional practice and practice guidance, including any issued by Social Care Wales. 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 are aware of, and understand, their responsibilities and accountabilities when delegating an activity or having an activity delegated to them. This includes registered nurses who maintain accountability for any delegation of activity to other workers.
- Staff undertaking delegated healthcare activities are aware of, and adhere to, any code of practice and guidance issued in relation to undertaking delegated activities.
- Service providers must respect the professional autonomy of registered professionals in relation to the delegation of activities.

- 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 with their line manager or equivalent officer, or a more senior member of staff, no less than quarterly.
- Registered nursing staff have the opportunity to receive clinical supervision.
- 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. This includes training to operate any specialist equipment.
- 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, for example, manual handling training and safeguarding;
  - necessary qualifications that would enable them to continue to perform their role;
  - training and activities required for continuing professional development and to meet the requirements for registration of professional regulatory bodies, where this is relevant to their role;
  - other training deemed appropriate by the service provider;
  - core and specialist training identified for their role by SCW.

***Statutory Guidance - Regulation 33 - Compliance with employer's 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 34 - Information for staff***

- Service providers compile and make available information for staff and volunteers in line with the statement of purpose. This includes information about the following matters—
- the ethos and culture of the service;
- the conduct expected of staff and others working at the service;
- 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 ensuring that individuals are safe and are protected from abuse, neglect and improper treatment (including reporting safeguarding concerns); and
- arrangements for lone working (if applicable).
- Service providers ensure staff and volunteers have access to and understand up-to-date copies of all relevant policies, procedures and codes of practice. Service providers ensure staff have read these during the induction period and assess staff members' ongoing understanding through supervision and performance reviews.
- Service providers ensure staff and volunteers undertake their duties in line with the requirements of the policies and procedures.
- All staff and volunteers 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 take place (a minimum of six meetings per year), the issues discussed are recorded and appropriate actions are taken as a result.

### ***Statutory Guidance - Regulation 35 - Disciplinary procedures***

- Service providers have a disciplinary policy and 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.

- the arrangements for a member of staff to be suspended (or transferred to other duties) pending the investigation of any allegations of serious misconduct, including allegations of abuse or serious concerns relating to the safety or well-being of individuals.
- The policy should also cover what should happen if there are concerns about volunteers' behaviour.
- Where the service 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;
  - referral to the Disclosure and Barring Service or police, where required.
- Service providers ensure staff are aware of and understand the disciplinary procedures and any 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 58 - Duty to appoint a manager***

- The responsible individual ensures a manager who is registered with Social Care Wales is appointed and in place to manage the delivery of the service on a day to day basis for each place at, from, or in relation to which services are provided.
- 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 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 31 (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 Social Care Wales in place to manage the service.

**Statutory Guidance - Regulation 59 - 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 Social Care Wales;
- the manager is experienced in managing care services and in the provision of the type of care being provided;
- 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 60 - Restrictions on appointing 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 61 - Duty to report the appointment of manager to service provider**

- 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 62 - Duty to report appointment of manager to the workforce and service regulators**

62. — (1) On the appointment of a manager in accordance with regulation 58(1), the responsible individual must give notice to the workforce and service regulators of—

- (a) the name, date of birth and Social Care Wales registration number of the person appointed, and
- (b) the date on which the appointment is to take effect.

(2) In a case where the service provider is an individual and the service regulator has agreed to the service provider managing the service, the service provider must give notice to the workforce regulator of—

- (a) the name, date of birth and Social Care Wales registration number of the service provider, and
- (b) the date from which the service provider is to manage the service.

***Statutory Guidance - Regulation 63 - 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 support individuals to achieve their personal outcomes;
  - maintains the safety, quality and effectiveness of the service;
  - ensures minimal disruption to individuals receiving the service;
  - ensures compliance with Regulations; and
  - maintains staff professional development.
- Where the manager, registered with Social Care Wales, 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 16:** The extent to which people working at the service are supported to raise concerns about the service through whistleblowing procedures. **(Regulation 56, 73)**

### What good looks like

#### ***Statutory Guidance - Regulation 56 - Whistleblowing***

- There is an accessible whistleblowing policy and procedure 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 (including safeguarding concerns) and there are mechanisms and support available to enable them to do this.
- Wherever practicable consent is gained to the disclosure of the details of a complaint, where necessary, to enable an effective investigation to take place.
- Confidentiality is 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 victimisation or any other disadvantage as a result of making their concerns known.
- All allegations, incidents or evidence of abuse, neglect or improper treatment 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 safeguarding 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.
  - 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 73 - Support for staff raising concerns***

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



**Line of Enquiry 17:** The extent to which individuals are supported to manage their money. **(Regulation 25)**

### What good looks like

#### **Statutory Guidance - Regulation 25 - Supporting individuals to manage their money**

- Policy and procedures set out arrangements for supporting individuals to manage their money. This includes:
  - how individuals are encouraged and supported to handle their own financial affairs as they wish/where possible;
  - how individuals will be supported, including opening and managing individual bank accounts, budgeting and making spending decisions;
  - how individuals are supported to understand and manage any associated risks; and
  - how the service provider ensures that those staff not required to support the individual to manage their money or others working in or connected with the service are precluded from involvement with the individuals’ financial affairs.
- Service providers ensure arrangements are in place to oversee and monitor the savings of an individual, where appropriate.
- Policy and procedures set out:
  - how individuals will be supported to understand and access any financial allowances they may be entitled to, where applicable; and
  - how records and receipts of expenditure related to an individual’s savings will be dealt with when a placement ends.
- Where individuals are not able to manage their own finances, records and receipts are maintained of any financial transactions undertaken on their behalf.
- Where staff are supporting individuals to manage their money, this is recorded in the individual’s personal plan.
- Arrangements are in place for oversight and review of management of finances by the service provider.
- Where the service handles individuals’ money, the service provider ensures that the personal finances of the individuals are not pooled with the finances of the service.
- Money is held in an account in the individual’s name (or an account with clear demarcation of the individuals’ money) and is spent as they wish. Appropriate records and receipts are kept.
- There are arrangements in place for the safe storage of money and valuables. Records are be maintained of any possessions handed over for safekeeping.

- Arrangements are in place for individuals to access independent support and advice (including advocacy, where appropriate) concerning their financial affairs
- Staff or others working at the service or involved with the service do not act as agents (to act on behalf of the individual) unless they have the lawful authority to do so.
- Service providers ensure that money donated to or collected specifically for the benefit of the individuals using the service is not used for routine expenditure.

**Line of Enquiry 18:** The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting individuals. **(Regulation 52, 53 and 75)**

### What good looks like

#### **Statutory Guidance - Regulation 52 - Notifications**

- Service providers have appropriate arrangements in place for the notification of the events listed 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 (17) & (33). Service providers notify the regulator of any accident, injury or illness to an individual which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional and has or may have resulted in—
  - damage or impairment (either permanent or likely to last for more than 28 days) of the sensory, motor or intellectual functions of the individual,
  - changes to the structure of the individual's body,
  - the individual experiencing prolonged pain or prolonged psychological harm, or
  - the death or shortening of the life expectancy of the individual.
- The following applies in relation to Schedule 3 (20). Service providers notify the regulator of any events which prevent, or could prevent, them from continuing to provide the service safely. This includes but is not limited to:
  - an insufficient number of suitably qualified, trained, skilled, competent, and experienced staff deployed to work at the service,
  - an interruption in the supply, to premises owned or used by the service provider for the purposes of providing the regulated service, of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours,
  - physical damage to premises owned or used by the service provider for the purposes of providing the regulated service which has, or is likely to have, a detrimental effect on the care and support provided to individuals,
  - the failure or malfunction of the heating system in premises owned or used by the service provider for the purposes of providing the regulated service where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours; and

- the failure or malfunctioning of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of providing the regulated service where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours.
- The following applies in relation to Schedule 3 (30)(42)(44)(46). Service providers notify the relevant authorities of any incident of sexual or criminal exploitation (SE) or suspected sexual or criminal exploitation of an accommodated individual. This includes but is not limited to:
  - where an individual identified as at risk of SE goes missing;
  - where an individual reports an incident that indicates they may be a victim of SE; or
  - where there is reason to believe an individual may be subject to SE.
- Where an accommodated individual identified as at risk of SE goes missing, only one notification is made under Schedule 3 (30)(42)(44)(46).
- The following applies in relation to Schedule 3 (31)(40)(45). Service providers notify the relevant authorities of any incident where an accommodated individual goes missing or has an unexplained absence from the service . This includes but is not limited to:
  - Where an individual’s location or reason for their absence is unknown and there is cause for concern for them because of their vulnerability or risk to self or others. The point at which the service provider is concerned and will take action, including reporting the individual missing to the police, will vary according to the individual’s own risk assessment.

***Statutory Guidance - Regulation 53 - Notification with respect to children admitted and discharged***

- (1) The service provider must notify, without delay, the local authority for the area in which the service is located of every admission of a child into the accommodation and every discharge of a child from the accommodation.
- (2) The service provider is not required to notify the local authority in paragraph (1) if that local authority is also the placing authority for the child in question.
- (3) A notification under this regulation must be in writing and must state—
  - (a ) the child's name and date of birth;
  - (b) whether the child is provided with accommodation under section 76 or 77 of the 2014 Act or, in the case a child placed by a local authority in England, whether the child is provided with accommodation under section 20 or 21 of the Children Act 1989;
  - (c ) whether the child is subject to a care or supervision order under section 31 of the Children Act 1989;

- (d) the contact details for—
- (i) the child's placing authority; and
  - (ii) the independent reviewing officer appointed for the individual's case; and
- (e) whether the child has a statement of special educational needs, an individual development plan or an EHC plan and, if so, details of the local authority with responsibility for maintaining the statement of special educational needs or for the EHC plan.
- (4) In this regulation, “EHC plan” has the meaning given in section 37(2) (education, health and care plans) of the Children and Families Act 2014<sup>(1)</sup>.

***Statutory Guidance - Regulation 75 - Notifications***

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

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<sup>1</sup> 2014 c. 6. [https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga\\_20140006\\_en.pdf](https://www.legislation.gov.uk/ukpga/2014/6/pdfs/ukpga_20140006_en.pdf)

**Line of Enquiry 19:** The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. **(Regulation 55, 68)**

### What good looks like

#### **Statutory Guidance - Regulation 55 - Complaints policy and procedure**

- Service providers have an accessible complaints policy which includes, where appropriate, the use of an informal resolution stage and explains –
  - who to approach to discuss a concern/complaint;
  - how individuals can be supported to make a complaint;
  - information about accessing independent advocacy, where available, including the Citizen Voice Body (Llais);
  - 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 parents/representatives, visitors, staff and others working at the service.
- Information about other avenues for complaint is included to support complainants if they are not satisfied with the service provider's action. For example, information about the complaint's procedure of the commissioning authority, the Local Authority, and, in the case of children, the Children's Commissioner for Wales.
- Individuals are able to make their complaint in writing or verbally to staff and these are 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 confirmed, 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.
- Wherever practicable consent is gained to the disclosure of the details of a complaint, where necessary, to enable an effective investigation to take place.
- Confidentiality is 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 victimisation or any other 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.
  - 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 68 - 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 regulations 68.
- 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: 36, 37, 38, 39, 40

**Line of Enquiry 20:** The extent to which service providers ensure that individual's care and support is provided in a location and environment with facilities and, where relevant, equipment that promotes achievement of their personal outcomes. (**Regulation 36-40**)

### What good looks like

#### **Statutory Guidance - Regulation 36 - Overarching requirement**

#### **Statutory Guidance – Regulation 37 - Premises**

- The location, design and size of the premises are suitable for the service as described in the statement of purpose.
- The premises are located, designed, and equipped to meet the needs of the individuals for which the service is intended and reflect national guidance. This includes ensuring that:
  - individuals' needs and, where possible, their views are taken into account when premises are designed, built, maintained, renovated or adapted;
  - In determining the location from which the service will be delivered, the service provider takes into account the need for individuals to have easy access to the local community and relevant facilities, such as those relating to education, health, employment and leisure, as well as good access to public transport. Where access to public transport is limited, this is facilitated by the service provider;
  - the privacy, dignity and confidentiality of individuals is not compromised unless it is in keeping with their personal plan, for example the use of any surveillance;
  - individuals' safety is maintained, including their ability to enter and exit the premises and find their way around easily;
  - there is safe access to all fixed / wall mounted equipment, such as the hoisting system; and
  - there is independent access to all appropriate areas of the service and, where required, the premises are adapted to achieve this.
- Service providers have security arrangements in place which ensure individuals are safe and secure without compromising their rights, privacy and dignity. The level of security used must be appropriate to the individual and to the service being provided. This includes:
  - protecting personal property and/or money;
  - providing appropriate access to and from the premises which does not unnecessarily restrict an individual's freedom of movement;



- discussion with relevant partners, for example crime prevention officers about the level of security that may be appropriate.
- Service providers have a written policy in relation to the use of CCTV both by the service and by individuals, families and staff.
- The use of surveillance in regulated services is overt, purposeful, lawful, and clearly indicated within the building and user guide.
- The use of surveillance complies with the requirements under the Regulations in relation to privacy, dignity and respect. It also complies with all other legal requirements e.g. under the Data Protection Act 1998.
- Premises are not marked to distinguish children are accommodated at the service.
- Service providers ensure that the building has natural ventilation and is heated to reflect the needs of the individuals living at the place.
- Furnishings and equipment are provided to achieve the aims and objectives set out in the statement of purpose and to meet the needs and, where possible, the preferences of individuals receiving care and support.  
This includes:
  - specialist beds and mattresses, call systems, moving and handling equipment, signage, handrails and/or equipment to support individual's physical, cognitive and sensory needs;
  - the provision of suitable equipment and furnishings to support learning, for example computers and desks;
  - specialist sensory rooms;
  - providing sports and leisure equipment;
  - access to a telephone (and the opportunity to use a telephone in private), e mail and internet facilities which are suitable for the individual's needs.
- Arrangements are made to obtain additional specialist advice, aids, and equipment to meet individual's needs in liaison with relevant statutory agencies.
- Policies and procedures are in place to ensure that buildings' mechanical and electrical systems are sound and operationally safe.
- There is a system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises.
- There are arrangements to ensure that any immediate repairs and works arising are identified, reported and action undertaken in response to the level of urgency. This will support the safety and well-being of individuals using the service, visitors, volunteers and staff.

- Service providers allocate available budget to ensure the ongoing maintenance of premises, facilities, furnishings and equipment.
- Service providers ensure bedrooms are equipped to meet the needs of the individual in line with the statement of purpose.
- Service providers consider individuals' wishes and preferences in the way their rooms are furnished and decorated.
- Individuals' own rooms suit their needs and lifestyles and promote their independence.
- During term time, service providers ensure residential accommodation for pupils is reserved for the exclusive use of the pupils for whom it is designated. Any other pupils only having access by reasonable invitation of pupils living in that building or unit, and subject to relevant risk assessments and compatibility assessments with the other pupils using the service.
- Lighting in individuals' accommodation is in line with their needs and any relevant health and safety requirements.
- Individuals are able to adjust the heating in their own bedrooms and, where relevant, additional ventilation systems and lighting are installed to meet their needs, in line with national standards for inclusive access.
- Bedrooms, whether for a single occupant or shared, have sufficient space and furnishings to:
  - enable the safe use of equipment without impinging upon staff, individuals or furnishings and personal items;
  - enable staff to meet the individual's care and support needs in a safe and dignified manner;
  - provide privacy;
  - provide space for independent activity, for example, undertaking homework, pursuing hobbies and spending time alone.
- Doors to bedrooms are fitted with locks suitable to their capabilities and individuals are provided with keys unless their risk assessment indicates otherwise.
- Staff are able to open the doors to bedrooms from the outside in case of emergency.
- Individuals have safe and secure storage facilities for their personal belongings including money, valuables and where appropriate medication.
- Communal spaces are available to meet the needs of individuals accommodated, in keeping with the statement of purpose, and are easily and independently accessible in accordance with the Equality Act 2010 and other current legislation and guidance. This includes provision for individuals to meet privately with visitors take part in activities, play and recreation, in a way that does not impact on the routines or privacy of other individuals using the service.
- In considering the layout, access, design/decor, signage and adaptations for communal areas, service providers take into account the needs and dependencies of individuals living at the place such as those relating to physical and sensory impairments. The service provider ensures communal spaces are based on recognised evidence-based guidance.
- Independence is promoted and maintained by ensuring individuals have appropriate access to facilities and equipment, for example accessible kitchen/cooking and laundry facilities.

- Baths or showers are available for individuals to use, in accordance with their needs and in line with the statement of purpose.
- Bathrooms, showers and toilets are located and designed to take account of the privacy, dignity, safety and needs and abilities of individuals, in line with requirements of the Equality Act 2010.
- Bathrooms, showers and toilets have aids and equipment provided to meet the needs of individuals accommodated, for example grab rails, sinks located at an accessible height and emergency call systems.
- Facilities are readily accessible from sleeping and recreational areas of the home.
- Staff are able to open the doors to bathrooms, showers and toilets from the outside in case of an emergency.
- Grounds are kept tidy, safe, attractive, and accessible to individuals.
- Service providers regularly review the safety and condition of the grounds as part of the maintenance programme
- Outdoor space is designed to meet the needs of all individuals including those with physical, sensory, and cognitive impairments.
- Where accommodation is provided for staff this is located within the service and enables them to respond easily to individuals' needs.
- Suitable sleeping accommodation and changing facilities are provided for staff where appropriate.
- Staff are provided with a safe place to store personal belongings.

***Statutory Guidance - Regulation 38 – Single occupancy and shared rooms***

- Single bedrooms are provided for all individuals
- Bedrooms are only shared when it is in the best interest of the individual and promotes their well-being.
- In the circumstances where sharing a room is under consideration, the discussion with the individuals concerned and their parents/representatives, and the decision made, is documented by the service provider.

***Statutory Guidance - Regulation 39 – Premises – further requirements***

- 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.

### ***Statutory Guidance - Regulation 40 – Facilities and equipment***

- Service providers ensure there are suitable facilities for the storage of equipment, which are easily accessible to staff and do not present a risk to individuals using or working at the service.
- Facilities, fittings, adaptations, and equipment are available to achieve the aims and objectives of the statement of purpose, help to meet the care and support needs of individuals using the services, and support them to achieve their personal outcomes.
- Arrangements are in place to purchase, service, maintain, renew, and replace equipment where appropriate. These arrangements meet the requirements of any current legislation and guidance, manufacturers' instructions and the service provider's policies or procedures.
- All equipment is used, stored, and maintained in line with the manufacturers' instructions.
- Equipment is used for its intended purpose and solely for the individual for whom it is provided.
- Staff and others who operate the equipment are trained to use it appropriately prior to use.
- Individuals using the service are consulted about the facilities, services and equipment provided by the service on their behalf and, where possible, individual choices and preferences are respected and acted upon.

**Line of Enquiry 21:** The extent to which the service provider identifies and mitigates risks to health and safety **(Regulation 49)**

**What good looks like**

***Statutory Guidance - Regulation 49 - Health and Safety***

- Service providers ensure the premises comply with current legislation and national guidance in relation to health and safety, fire safety, environmental health and any standards set by the Food Standards Agency. Examples include:
  - required safe water temperatures;
  - fitting and maintenance of window restrictors;
  - fire evacuation and drills;
  - safe disposal of clinical waste;
  - safe storage, preparation of food; and
  - regular health and safety risk assessments of the premises which include the grounds and equipment.
- Improvements identified are acted upon according to the level of risk.
- Where relevant, service providers act on the views of external bodies such as the fire service, Health and Safety Executive, Environmental Health and other bodies that provide best practice guidance.