

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM AGENDA



Wednesday, 27 August 2008

at 3.30 pm

in Committee Room B

MEMBERS: ADULT AND COMMUNITY SERVICES SCRUTINY FORUM:
Councillors Atkinson, Brash, Fleet, A Marshall, McKenna, Plant, Preece, Simmons
and Worthy

Resident Representatives:

Evelyn Leck and Mary Power

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
 - 3.1 To receive the minutes of the meeting of the Adult and Community Services Scrutiny Forum held on 23 July 2008
4. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

None
5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

None

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY
FRAMEWORK DOCUMENTS**

None

7. **ITEMS FOR DISCUSSION**

Scrutiny Investigation into the Quality of Care Home Provision in Hartlepool

7.1 Evidence from the Director of Adult and Community Services:

- a) Covering report – *Scrutiny Support Officer*; and
- b) Verbal evidence from the Director of Adult and Community Services

7.2 Evidence from the Commission for Social Care Inspection:

- a) Covering report – *Scrutiny Support Officer*; and
- b) Verbal evidence from a representative from the Commission for Social Care Inspection

7.3 Evidence from the Council's Portfolio Holder for Adult and Public Health:

- a) Covering report – *Scrutiny Support Officer*; and
- b) Verbal evidence from the Portfolio Holder for Adult and Public Health

8. **ISSUES IDENTIFIED FROM FORWARD PLAN**

9. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

ITEMS FOR INFORMATION

**Date of Next Meeting – Tuesday, 30 September, commencing at 3.30 pm in
Committee Room B**

ADULT AND COMMUNITY SERVICES SCRUTINY FORUM

MINUTES

23 July 2008

The meeting commenced at 3.30 pm in the Civic Centre, Hartlepool

Present:

Councillor: Chris Simmons (In the Chair)

Councillors: Reuben Atkinson, Jonathan Brash, Mary Fleet, Ann Marshall,
Michelle Plant, Arthur Preece and Gladys Worthy

Resident Representatives: Evelyn Leck

Also Present:

George Evans, David Evans, Crescent Care Ltd
Ron Foreman, Margaret Wren and Ruby Marshall, Hartlepool
Health Care Group

Officers: Jill Harrison, Assistant Director, Adult and Community Services
Phil Homsby, Principal Commissioning Manager
Charlotte Burnham, Scrutiny Manager
Laura Starrs, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

10. Apologies for Absence

None.

11. Declarations of interest by Members

The Chair declared a personal and non-prejudicial interest in minute number 16.

12. Minutes of the meeting held on 20 June 2008

Confirmed.

13. Responses from the Council, the Executive or Committees of the Council to Final Reports of this Forum

None.

14. Consideration of request for scrutiny reviews referred via Scrutiny Co-ordinating Committee

None.

15. Consideration of progress reports/budget and policy framework documents

None.

16. Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Draft Scoping Report *(Scrutiny Support Officer)*

The Scrutiny Support Officer presented a draft scoping report for the Forum's investigation into the "Quality of Care Homes Provision in Hartlepool".

The aim of the investigation

To explore initiatives and practices that have a measurable impact on improving standards of care and the quality of life of residents in Care Homes within Hartlepool.

The Terms of Reference for the investigation

- (a) To gain a clear understanding of the differentiation between the provision of care homes and care homes with nursing, both in a national and local context;
- (b) To gain an understanding of the roles and responsibilities of key agencies in care home provision, such as the Commission for Social Care Inspection, Hartlepool PCT; and Hartlepool Borough Council;
- (c) To examine the national approach to care homes in order to gain an understanding of the acceptable standard required;
- (d) To gain an understanding of the statutory and regulatory framework covering standards of care in order to examine how Hartlepool Council and other Local Authorities/organisations

ensure acceptable standards in care are achieved;

- (e) To visit a selection of care homes within Hartlepool to gain an insight into the variety of provision provided;
- (f) To explore initiatives and practices which have a significant and measurable impact on standards of care and quality of life for residents; and
- (g) To seek a range of views from care home managers, service users and carers on standards of care.

Potential areas of enquiry and sources of evidence to assist the scrutiny review were included in the report together with key suggestions of documentary/internet sources and the importance of community engagement, diversity and equality issues.

Proposed Timetable of the Scrutiny Investigation

23 July 2008 – To formalise the process for the Forum's investigation, (scoping report) and to receive a 'Setting the Scene' presentation from the Adult and Community Services Department.

27 August 2008 – Formal meeting of the Forum to receive:-

- (i) Evidence from the Portfolio Holder for Adult and Public Health (To be confirmed);
- (ii) Evidence from the Director of Adult and Community Services; (To be confirmed);
- (iii) Evidence from the Commission for Social Care Inspection (To be confirmed); and
- (iv) Evidence from Hartlepool PCT.

28/29 August 2008 - Site visit to 3/4 care homes in Hartlepool to gain an insight into care home provision within Hartlepool (Date and locations to be identified).

w/c 01 September 2008 - Site visit to 3/4 out of Borough care homes to compare areas of good practice (Date and location to be identified).

30 September 2008 – Formal meeting of the Forum to receive:-

- (i) Feedback from the Chair of the Forum on the outcome of the site visits;
- (ii) Evidence from care home managers/residents

05 November 2008 – Formal meeting of the Forum to receive:-

- (i) Evidence from Care Provider Organisations; and
- (ii) Summing up of findings for inclusion in the Draft Final Report.

21 January 2008 – consideration of draft Final Report.

13 February 2008 - Consideration of Final Report by the Scrutiny Coordinating Committee

TBC - Consideration of Final Report by the Cabinet/Council (tentative date)

In relation to proposed site visits, Councillors Simmons, Worthy, Brash, Ann Marshall and Resident Representative Evelyn Leck expressed an interest in attending the proposed site visits scheduled for 28 and 29 August or week commencing 1 September. The Chair requested that the Scrutiny Support Officer provide suggested questions to assist Members in the visits to care homes.

Members suggested a visit to at least one care home in every category and the importance of access to service users and family members as part of the Forum's evidence gathering was emphasised. The Chair suggested that it may be appropriate for one of the care homes to host one of the meetings which would provide an opportunity for residents and family members to discuss findings. The opportunity for residents/families to submit evidence anonymously was also highlighted.

A former Patient and Public Involvement (PPI) Member highlighted that prior to the devolvement of PPI's in March, PPI members had authority to visit care homes and liaise with residents/families on a confidential basis and assist with any problems/complaints. It was noted that there were examples of good practice to learn from. The Chair reiterated that the role of the Forum was not that of an inspectorate role but to identify and share examples of good practice, submit findings and make recommendations for suggested improvements.

Recommendation

- (i) That the proposed aim and Terms of Reference, as outlined in the report, be agreed.
- (ii) That the comments of the Forum, as outlined above be used to assist the Forum in completing the scrutiny investigation.

17. Quality of Care Homes Provision in Hartlepool – Setting the Scene Presentation – Covering Report (Scrutiny Support Officer)

As part of the Forum's investigation into the quality of care homes provision in Hartlepool, the Assistant Director (Adults Commissioning) had been invited to the Forum to provide Members with a 'Setting the Scene' presentation.

The Assistant Director and the Principal Commissioning Manager gave a joint presentation which set the scene for the first stage of the inquiry. The presentation included the following issues:-

- Differentiation between the provision of care homes and care homes with nursing;
- Local provision of care homes in Hartlepool;
- Range of services provided;
- Roles and responsibilities of Hartlepool Borough Council in relation to care home provision;
- Brief overview of the statutory and regulatory framework covering standards of care; and
- Care Home market information/occupancy information

Discussion ensued in which the following issues were raised:-

- (a) In response to a Member's request for clarification, the Assistant Director explained that a telecare system linked to an alarm system and it was envisaged that a telehealth system would be developed to enable patients health to be monitored in their own homes.
- (b) During discussions in relation to occupancy figures, a Member queried whether the 100% occupancy figure of registered beds in the learning disability category could be addressed by private organisations diversifying their business to provide support for people in this category. The Principal Commissioning Manager reported on the preferences of individuals to live independently and that previous assessments had indicated that it was not normally in the best interests of individuals to mix groups with different levels of support/need.
- (c) The Chair requested information on the National Minimum Standards relating to room size, quality of staff, skills required/competencies be provided under separate cover via the Scrutiny Support Officer.
- (d) A query was raised as to whether low level support was available for the elderly to which the Principal Commissioning Manager indicated that since the withdrawal of service by Endeavour Home Improvement Agency an interim in-house handyman service was available. Part of the strategy was to introduce a low level service and this would be reviewed in the coming months. Information on how this service was advertised was requested which the Principal Commissioning Manager agreed to provide following the meeting.
- (e) Reference was made to the Champions of Dignity and Care Initiative

and a quality framework setting out the principles to be followed by all care homes which would be further explored. The valuable contribution of the former PPI Members was acknowledged and the need to identify the most effective methods of utilising their expertise was highlighted.

- (f) The importance of effective assessments of individuals moving into residential care homes was highlighted. Members were advised that an assessment would be carried out by a health care professional, usually a social worker or nurse, to establish care needs and life wishes. An individual assessment was also subsequently undertaken by the care home.
- (g) Further discussion ensued on the shortage of care home accommodation for individuals with learning disabilities. It was noted that this was partly due to funding issues which should be further investigated by the Council. Concerns were expressed that people with learning disabilities had large personalised budgets to manage and monitoring was therefore required. Members requested that a debate on individual budgets be undertaken at a future meeting of the Forum.

Recommendation

- (a) That the contents of the presentation be noted, and the comments be used to assist the Forum in completing the scrutiny investigation.
- (b) That information on the National Minimum Standards, as outlined above, be provided under separate cover via the Scrutiny Support Officer.
- (c) That information on how the handyman service was advertised be provided by the Principal Commissioning Manager following the meeting.
- (d) That individual budgets be discussed at a future meeting of the Forum.

18. Issues Identified from Forward Plan

None

The meeting concluded at 4.50 pm

C SIMMONS

CHAIRMAN

**ADULT AND COMMUNITY SERVICES SCRUTINY
FORUM**

27 August 2008



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO THE QUALITY
OF CARE HOMES PROVISION IN HARTLEPOOL
– EVIDENCE FROM THE DIRECTOR OF ADULT
AND COMMUNITY SERVICES – COVERING
REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of the Forum that the Director of Adult and Community Services has been invited to attend this meeting to provide evidence in relation to the ongoing inquiry into the 'Quality of Care Homes Provision in Hartlepool'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 23 July 2008, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence for this Scrutiny investigation were approved by the Forum.
- 2.2 Consequently, the Director of Adult and Community Services has been invited to this meeting to provide evidence to the Forum in relation to its responsibilities, and views on, the quality of care homes provision.
- 2.3 During this evidence gathering session with the Director of Adult and Community Services it is suggested that responses should be sought to the following key questions:-
- a) What are the roles and responsibilities of Hartlepool Borough Council in relation to care home provision at a local level?
 - b) How does Hartlepool Borough Council ensure that acceptable standards in care are achieved in relation to the statutory and regulatory framework covering standards of care?

- c) Can you provide examples of initiatives and practices which have had a measurable impact on standards of care and quality of life for residents at a national, regional and local level?
- d) Do you have any other views/information which you feel may be useful to Members in forming their recommendations?

3. RECOMMENDATION

- 3.1 That Members of the Forum consider the views of the Director of Adult and Community Services in attendance at this meeting in relation to the questions outlined in Section 2.3 of this report.

Contact Officer: - Laura Starrs – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647

Email: laura.starrs@hartlepool.gov.uk

BACKGROUND PAPERS

The following background paper was used in the preparation of this report:-

- (i) Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Scoping Report (Scrutiny Support Officer) – 23.07.08

**ADULT AND COMMUNITY SERVICES SCRUTINY
FORUM**

27 August 2008



Report of: Scrutiny Support Officer

Subject: SCRUTINY INVESTIGATION INTO THE QUALITY OF CARE HOMES PROVISION IN HARTLEPOOL – EVIDENCE FROM THE COMMISSION FOR SOCIAL CARE INSPECTION – COVERING REPORT

1. PURPOSE OF THE REPORT

- 1.1 To inform Members of the Forum that representatives from the Commission for Social Care Inspection (CSCI) have been invited to attend this meeting to provide evidence in relation to the ongoing inquiry into the 'Quality of Care Homes Provision in Hartlepool'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 23 July 2008, the Terms of Reference and Potential Areas of Inquiry / Sources of Evidence for this Scrutiny investigation were approved by the Forum.
- 2.2 Consequently, CSCI have been invited to this meeting to provide evidence to the Forum in relation to its responsibilities, and views on, the quality of care homes provision.
- 2.3 During this evidence gathering session with CSCI it is suggested that responses should be sought to the following key questions:-
- a) What are the roles and responsibilities of CSCI in relation to care homes provision and standards of care at national, regional and local levels?
 - b) What is the statutory and regulatory framework covering standards of care at national, regional and local levels? (National Minimum

Standards for Older People and National Minimum Standards for Adults attached as **Appendix A** and **Appendix B**)

- c) Can you provide examples of initiatives and practices which have had a measurable impact on standards of care and quality of life for residents at a national, regional and local level?
- d) Do you have any other views/information which you feel may be useful to Members in forming their recommendations?

3. RECOMMENDATION

- 3.1 That Members of the Forum consider the views of those representatives from CSCI in attendance at this meeting in relation to the questions outlined in Section 2.3 of this report.

Contact Officer: - Laura Starrs – Scrutiny Support Officer
Chief Executive's Department - Corporate Strategy
Hartlepool Borough Council
Tel: 01429 523647

Email: laura.starrs@hartlepool.gov.uk

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The following background paper was used in the preparation of this report:-

- (i) Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Scoping Report (Scrutiny Support Officer) – 23.07.08



Care Homes for Older People

National Minimum Standards

Care Homes Regulations

3rd Edition

Department of Health

Care Homes for Older People

National Minimum Standards
and

The Care Homes Regulations 2001

London: TSO



Published by TSO (The Stationery Office) and available from:

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Her Majesty's Stationery Office, St Clements House, 2-16 Colegate, Norwich NR3 1BQ.

First published 2002

Second edition 2003

Third impression 2006

ISBN 0 11 322607 1

Printed in the United Kingdom for the Stationery Office
ID 186986 C20 04/06

National Minimum Standards for Care Homes for Older People

A statement of national minimum standards published by the Secretary of State for Health under section 23(1) of the Care Standards Act 2000.

February 2003

National Minimum Standards for Care Homes for Older People

Note

This document contains a statement of national minimum standards published by the Secretary of State under section 23(1) of the Care Standards Act 2000. The statement is applicable to care homes (as defined by section 3 of that Act) which provide accommodation, together with nursing or personal care, for older people.

The statement is accompanied, for explanatory purposes only, by an introduction to the statement as a whole, and a further introduction to each group of standards.

Each individual standard is numbered and consists of the numbered heading and numbered paragraphs. Each standard is, for explanatory purposes only, preceded by a title and an indication of the intended outcome in relation to that standard.

Department of Health

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Introduction

Aims

This document sets out National Minimum Standards for Care Homes for Older People, which form the basis on which the new National Care Standards Commission will determine whether such care homes meet the needs, and secure the welfare and social inclusion, of the people who live there.

The national minimum standards set out in this document are core standards which apply to all care homes providing accommodation and nursing or personal care for older people. The standards apply to homes for which registration as care homes is required.

While broad in scope, these standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, skills and facilities needed in order for a care home to deliver an individually tailored and comprehensive service. Certain of the standards do not apply to pre-existing homes including local authority homes, “Royal Charter” homes and other homes not previously required to register. The standards do not apply to independent hospitals, hospices, clinics or establishments registered to take patients detained under the Mental Health Act 1983.

Regulatory Context

These standards are published by the Secretary of State for Health in accordance with section 23 of the Care Standards Act 2000 (CSA). They will apply from 1 June 2003, unless otherwise stated in any standard.

The Care Standards Act created the National Care Standards Commission (NCSC), an independent non-governmental public body, which regulates social and health care services previously regulated by local councils and health authorities. In addition, it extended the scope of regulation significantly to other services not previously registered, including domiciliary care agencies, fostering agencies and residential family centres.

The CSA sets out a broad range of regulation making powers covering, amongst other matters, the management, staff, premises and conduct of social and independent healthcare establishments and agencies.

Under the Care Standards Act the Secretary of State for Health has powers to publish statements of National Minimum Standards. In assessing whether a care home conforms to the Care Homes Regulations 2001, which **are** mandatory, the National Care Standards Commission **must** take the standards into account. However, the Commission **may** also take into account any other factors it considers reasonable or relevant to do so.

Compliance with national minimum standards is not itself enforceable, but compliance with regulations is enforceable subject to national standards being taken into account.

The Commission may conclude that a care home has been in breach of the regulations even though the home largely meets the standards. The Commission also has discretion to conclude that the regulations have been complied with by means other than those set out in the national minimum standards.

Structure and Approach

The National Minimum Standards for Care Homes for Older People focus on achievable outcomes for service users - that is, the impact on the individual of the facilities and services of the home. The standards are grouped under the following key topics, which highlight aspects of individuals' lives identified during the stakeholder consultation as most important to service users:

- Choice of home
- Health and personal care
- Daily life and social activities
- Complaints and protection
- Environment
- Staffing
- Management and administration

Each topic is prefaced by a statement of good practice, which sets out the rationale for the standards that follow. The standards themselves are numbered and the full set of numbered paragraphs needs to be met in order to achieve compliance with the standard. Each standard is preceded by a statement of the intended outcome for service users to be achieved by the care home.

While the standards are qualitative – they provide a tool for judging the quality of life of service users – they are also measurable. Regulators will look for evidence that the standards are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers and others;
- observation of daily life in the home;

- scrutiny of written policies, procedures and records.

The involvement of lay assessors in inspections will help ensure a focus on outcomes for, and quality of life of, service users.

The following cross-cutting themes underpin the drafting of the National Minimum Standards for Care Homes for Older People:

- **Focus on service users.** Modernising Social Services (1998) called for standards that “focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards” [4.48]. The consultation process for developing the standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the standards, regulators will look for evidence that the facilities, resources, policies, activities and services of the home lead to positive outcomes for, and the active participation of, service users.
- **Fitness for purpose.** The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are ‘fit for their purpose’. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service - is successful in achieving its stated aims and objectives.
- **Comprehensiveness.** Life in a care home is made up of a range of services and facilities which may be of greater or lesser importance to different service users. In applying the standards, regulators will consider how the total service package offered by the care home contributes to the overall personal and health care needs and preferences of service users, and how the home works with other services / professionals to ensure the individual’s inclusion in the community.
- **Meeting assessed needs.** In applying the standards, inspectors will look for evidence that care homes meet assessed needs of service users and that individuals’ changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual care plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to offering a place.
- **Quality services.** The Government’s modernising agenda, including the new regulatory framework, aims to ensure greater assurance of quality services rather than having to live with second best. In applying the standards, regulators will seek evidence of a commitment to continuous improvement, quality services, support, accommodation and facilities which assure a good quality of life and health for service users.
- **Quality workforce.** Competent, well-trained managers and staff are fundamental to achieving good quality care for service users. The National Training Organisation for social care, TOPSS, is developing national occupational standards for care staff, including induction competencies and

foundation programmes. In applying the standards, regulators will look for evidence that registered managers and staff achieve TOPSS requirements and comply with any code of practice published by the General Social Care Council.

Context and Purpose

These standards, and the regulatory framework within which they operate, should be viewed in the context of the Government's overall policy objectives for older people. These objectives emphasise the need to maintain and promote independence wherever possible, through rehabilitation and community support. A variety of specialist provision will be required to help achieve these objectives. Good quality care homes have an important part to play in that provision.

These standards have been prepared in response to extensive consultation and aim to be realistic, proportionate, fair and transparent. They provide minimum standards below which no provider is expected to operate, and are designed to ensure the protection of service users and safeguard and promote their health, welfare and quality of life.

1

Choice of Home

INTRODUCTION TO STANDARDS 1 TO 6

Each home must produce a statement of purpose and other information materials (service users' guide) setting out its aims and objectives, the range of facilities and services it offers to residents and the terms and conditions on which it does so in its contract of occupancy with residents. In this way prospective residents can make a fully informed choice about whether or not the home is suitable and able to meet the individual's particular needs. Copies of the most recent inspection reports should also be made available. The statement of purpose will enable inspectors to assess how far the home's claims to be able to meet resident's requirements and expectations are being fulfilled. While it would be unreasonable and unnecessary to expect every home to offer the same range of facilities and lifestyle, older people do want a range of choice when they decide to move into a care home. By requiring proprietors to 'set out their stall', the problem of leaving choice to chance is overcome. There can be no room for doubt either on the part of the prospective resident, the inspector or the proprietor. In this way diversity and range of choice across the care home sector can be maintained. For example:

- if the home says it provides for the needs of people with dementia, it will have to make clear in the prospectus how this is done - for example, small group living and structured activities, with décor and signage helpful to people with dementia;
- if a home says it can cater for the needs of Muslim elders whose first language is not English, it must show that it can do so by, amongst other things, showing that it can prepare and provide halal food, offer links with the local mosque and provide appropriate washing facilities and demonstrate that it employs staff who speak appropriate languages;
- a home will make clear in its information materials whether it aims to offer residents a family-like environment at one end of the spectrum, or whether it offers hotel-style accommodation where residents live more independently from one another at the other.

The key must be the choice and the opportunity to exercise choice. This can only be achieved if full information is provided.

See: *Choosing a Care Home*, OFT (1998).

Information

OUTCOME

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

STANDARD 1

- 1.1 **The registered person produces and makes available to service users an up-to-date statement of purpose setting out the aims, objectives, philosophy of care, services and facilities, and terms and conditions of the home; and provides a service users' guide to the home for current and prospective residents. The statement of purpose clearly sets out the physical environment standards met by a home in relation to standards 20.1, 20.4, 21.3, 21.4, 22.2, 22.5, 23.3 and 23.10: a summary of this information appears in the home's service user's guide.**
- 1.2 The service user's guide is written in plain English and made available in a language and/or format suitable for intended residents and includes:
 - a brief description of the services provided;
 - A description of the individual accommodation and communal space provided;
 - relevant qualifications and experience of the registered provider, manager and staff;
 - the number of places provided and any special needs or interests catered for;
 - a copy of the most recent inspection report;
 - a copy of the complaints procedure;
 - service users' views of the home.
- 1.3 Service users and their representatives are given information in writing in a relevant language and format about how to contact the local office of the National Care Standards Commission and local social services and health care authorities.

Contract

OUTCOME

Each service user has a written contract/statement of terms and conditions with the home

STANDARD 2

- 2.1 **Each service user is provided with a statement of terms and conditions at the point of moving into the home (or contract if purchasing their care privately).**

2.2 The statement of terms and conditions includes:

- rooms to be occupied;
- overall care and services (including food) covered by fee;
- fees payable and by whom (service user, local or health authority, relative or another);
- additional services (including food and equipment) to be paid for over and above those included in the fees;
- rights and obligations of the service user and registered provider and who is liable if there is a breach of contract;
- terms and conditions of occupancy, including period of notice (eg short/long term intermediate care/respite).

Needs Assessment

OUTCOME

No service user moves into the home without having had his/her needs assessed and been assured that these will be met.

STANDARD 3

- 3.1 New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any) and relevant professionals have been party.**
- 3.2 For individuals referred through Care Management arrangements, the registered person obtains a summary of the Care Management (health and social services) assessment and a copy of the Care Plan produced for care management purposes.
- 3.3 For individuals who are self-funding and without a Care Management assessment/ Care Plan, the registered person carries out a needs assessment covering:
- personal care and physical well-being;
 - diet and weight, including dietary preferences;
 - sight, hearing and communication;
 - oral health;
 - foot care;
 - mobility and dexterity;
 - history of falls;
 - continence;
 - medication usage;
 - mental state and cognition;
 - social interests, hobbies, religious and cultural needs;

- personal safety and risk;
 - carer and family involvement and other social contacts/relationships.
- 3.4 Each service user has a plan of care for daily living, and longer term outcomes, based on the Care Management assessment and Care Plan or on the home's own needs assessment (see Standard 7, Service User Plan).
- 3.5 The registered nursing input required by service users in homes providing nursing care is determined by NHS registered nurses using a recognised assessment tool, according to Department of Health guidance.

Meeting Needs

OUTCOME

Service users and their representatives know that the home they enter will meet their needs.

STANDARD 4

- 4.1 **The registered person is able to demonstrate the home's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the home.**
- 4.2 All specialised services offered (eg services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities, learning disabilities, intermediate or respite care) are demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.
- 4.3 The needs and preference of specific minority ethnic communities, social/cultural or religious groups catered for are understood and met.
- 4.4 Staff individually and collectively have the skills and experience to deliver the services and care which the home offers to provide.

Trial Visits

OUTCOME

Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.

STANDARD 5

- 5.1 **The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and/or their representatives make a decision to stay; unplanned admissions are avoided where possible.**

- 5.2 Prospective service users are given the opportunity for staff to meet them in their own homes or current situation if different.
- 5.3 When an emergency admission is made, the registered person undertakes to inform the service user within 48 hours about key aspects, rules and routines of the service, and to meet all other admission criteria set out in Standards 2 – 4 within five working days.

Intermediate Care

OUTCOME

Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

STANDARD 6

- 6.1 **Where service users are admitted only for intermediate care, dedicated accommodation is provided, together with specialised facilities, equipment and staff, to deliver short term intensive rehabilitation and enable service users to return home.**
- 6.2 Rehabilitation facilities are sited in dedicated space and include equipment for therapies and treatment, as well as equipment to promote activities of daily living and mobility.
- 6.3 Staff are qualified and/or are trained and appropriately supervised to use techniques for rehabilitation including treatment and recovery programmes, promotion of mobility, continence and self-care, and outreach programmes to re-establish community living.
- 6.4 Staff are deployed, and specialist services from relevant professions including occupational and physiotherapists are provided or secured in sufficient numbers and with sufficient competence and skills, to meet the assessed needs of service users admitted for rehabilitation.
- 6.5 The service user placed for intermediate care is not admitted for long term care unless and until the requirements regarding information, assessment and care planning (Standards 1, 3 and 7) are met.

2

Health and Personal Care

INTRODUCTION TO STANDARDS 7 TO 11

The health and personal care which a resident receives will be based on the individual's needs. It is, therefore, impossible to lay down standards to cover precisely every aspect of care required for all residents. Because of this, the assessment process and the care plan for the individual are seen as crucial in standard setting. What is found during the assessment process should be put into the service user's plan. The plan is the end point of the assessment of the individual. Care must then be delivered in accordance with the service user's plan for that individual. Thus the plan becomes the yardstick for judging whether appropriate care is delivered to the individual resident. It is a dynamic document, which will change as regular assessment of the resident reveals changing needs.

Often the initial assessment, which determines whether or not an individual goes into a care home, will be made by people outside the home. In laying down what the assessment should be based on, the national minimum standards do not seek to hold proprietors/managers to account for the actions of others. However, a resident should not go into a home without a full assessment having been made, except in the case of an emergency. The proprietor/manager and relevant professional staff within the home should be party to that full assessment and only accept a new resident if they feel the home can adequately meet the needs of the prospective resident as determined through that assessment.

Guidelines published by the Royal Pharmaceutical Society (1991), Age Concern (Levenson 1998), Royal College of Physicians (1997), the Royal College of Nursing (1996, 1997) and the Nursing and Midwifery Council (1992) are referred to or drawn on in the following section and should be adhered to.

Privacy and Dignity

The principles on which the home's philosophy of care is based must be ones which ensure that residents are treated with respect, that their dignity is preserved at all times, and that their right to privacy is always observed. Fundamentally, the test of whether these principles are put into practice or not will be a matter for the individual resident's own judgement:

- how am I treated by staff when they are bathing me and helping me dress?
- how do they speak to me?

- am I consulted in matters to do with my own care and matters that concern residents as a whole?
- are my wishes respected?
- are my views taken into account?
- do staff regard me as a real person with desires, hopes and expectations just like them?

However, not all residents will be able to make that judgement and communicate it to their relatives or representatives, the staff or inspectors. Other tests will have to be used which reflect the principles which must underpin all that goes on in the home. This section sets out a number of key standards which will enable managers and inspectors to judge the home's performance in relation to its governing philosophy. Guidelines published over the past 20 years have emphasised the importance of valuing privacy, dignity, choice, rights, independence and fulfilment. These values underpin the national minimum standards.

See: Good practice guides such as Home Life; Homes are for Living In; A Better Home Life; Creating a Home from Home.

Dying and Death

The process of dying and death itself must never be regarded as routine by managers and staff. The quality of the care which residents receive in their last days is as important as the quality of life which they experience prior to this. This means that their physical and emotional needs must be met, their comfort and well-being attended to and their wishes respected. Pain and distress should be controlled and privacy and dignity at all times preserved. The professional skills of palliative care staff can help homes ensure the comfort of residents who are dying. There are a number of specialist agencies providing practical assistance and advice, such as Marie Curie and Macmillan nurses, which can be called upon.

The impact of the death of a resident on the community of residents may be significant and it is important that the home ensures that opportunities are available for residents to come to terms with it in ways which the individual residents find comforting and acceptable. Thus opportunities for meditation and reflection and for contact with local and religious and spiritual leaders should be provided.

Residents should be encouraged to express their wishes about what they want to happen when death approaches and to provide instructions about the formalities to be observed after they have died. Cultural and religious preferences must be observed.

There should also be an openness and willingness on the part of staff to talk about dying and death and about those residents who have recently died. Staff themselves, especially young and inexperienced staff, may also need support at such times. The needs of family and friends should also be attended to. Because each individual will have their own preferences and expectations, it is impossible to lay down standards for observances and practices which can apply in every circumstance. However it is

essential for homes to have clear policies and procedures about how they ensure that residents' last days are spent in comfort and dignity and that their wishes are observed throughout.

See: Counsel and Care (1995); National Council for Hospice and Specialist Palliative Care Services (1997).

Service User Plan

OUTCOME

The service user's health, personal and social care needs are set out in an individual plan of care.

STANDARD 7

- 7.1 A service user plan of care generated from a comprehensive assessment (see Standard 3) is drawn up with each service user and provides the basis for the care to be delivered.**
- 7.2 The service user's plan sets out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user (see Standard 3) are met.
- 7.3 The service user's plan meets relevant clinical guidelines produced by the relevant professional bodies concerned with the care of older people, and includes a risk assessment, with particular attention to prevention of falls.
- 7.4 The service user's plan is reviewed by care staff in the home at least once a month, updated to reflect changing needs and current objectives for health and personal care, and actioned.
- 7.5 Where the service user is on the Care Programme Approach or subject to requirements under the Mental Health Act 1983, the service user's plan takes this fully into account.
- 7.6 The plan is drawn up with the involvement of the service user, recorded in a style accessible to the service user; agreed and signed by the service user whenever capable and/or representative (if any).

Health Care

OUTCOME

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

STANDARD 8

- 8.1 The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.**
- 8.2 Care staff maintain the personal and oral hygiene of each service user and, wherever possible, support the service user's own capacity for self-care.
- 8.3 Service users are assessed, by a person trained to do so, to identify those service users who have developed, or are at risk of developing, pressure sores and appropriate intervention is recorded in the plan of care.
- 8.4 The incidence of pressure sores, their treatment and outcome, are recorded in the service user's individual plan of care and reviewed on a continuing basis.
- 8.5 Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores is provided.
- 8.6 The registered person ensures that professional advice about the promotion of continence is sought and acted upon and aids and equipment needed are provided.
- 8.7 The service user's psychological health is monitored regularly and preventive and restorative care provided.
- 8.8 Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for service users identified as at risk of falling.
- 8.9 Nutritional screening is undertaken on admission and subsequently on a periodic basis, a record maintained of nutrition, including weight gain or loss, and appropriate action taken.
- 8.10 The registered person enables service users to register with a GP of their choice (if the GP is in agreement).
- 8.11 The registered person enables service users to have access to specialist medical, nursing, dental, pharmaceutical, chiropody and therapeutic services and care from hospitals and community health services according to need.
- 8.12 Service users have access to hearing and sight tests and appropriate aids, according to need.
- 8.13 The registered person ensures that service users' entitlements to NHS services are upheld in accordance with guidance and legislation, including the standards in the National Service Framework, by providing information about entitlements and ensuring access to advice.

Medication

OUTCOME

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

STANDARD 9

- 9.1 The registered person ensures that there is a policy and staff adhere to procedures, for the receipt, recording, storage, handling, administration and disposal of medicines, and service users are able to take responsibility for their own medication if they wish, within a risk management framework.**
- 9.2 The service user, following assessment as able to self-administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.
- 9.3 Records are kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling. A record is maintained of current medication for each service user (including those self-administering).
- 9.4 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.
- 9.5 Controlled Drugs administered by staff are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.
- 9.6 Medicines, including Controlled Drugs, for service users receiving nursing care, are administered by a medical practitioner or registered nurse.
- 9.7 In residential care homes, all medicines, including Controlled Drugs, (except those for self-administration) are administered by designated and appropriately trained staff. The administration of Controlled Drugs is witnessed by another designated, appropriately trained member of staff.
- The training for care staff must be accredited and must include:
- basic knowledge of how medicines are used and how to recognise and deal with problems in use;
 - the principles behind all aspects of the home's policy on medicines handling and records.
- 9.8 Receipt, administration and disposal of Controlled Drugs are recorded in a Controlled Drugs register.
- 9.9 The registered manager seeks information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
- 9.10 Staff monitor the condition of the service user on medication and call in the GP if staff are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.
- 9.11 When a service user dies, medicines should be retained for a period of seven days in case there is a coroner's inquest.

Privacy and Dignity

OUTCOME

Service users feel they are treated with respect and their right to privacy is upheld.

STANDARD 10

- 10.1 The arrangements for health and personal care ensure that service user's privacy and dignity are respected at all times, and with particular regard to:**
- personal care-giving, including nursing, bathing, washing, using the toilet or commode;
 - consultation with, and examination by, health and social care professionals;
 - consultation with legal and financial advisors;
 - maintaining social contacts with relatives and friends;
 - entering bedrooms, toilets and bathrooms;
 - following death.
- 10.2 Service users have easy access to a telephone for use in private and receive their mail unopened.
- 10.3 Service users wear their own clothes at all times.
- 10.4 All staff use the term of address preferred by the service user.
- 10.5 All staff are instructed during induction on how to treat service users with respect at all times.
- 10.6 Medical examination and treatment are provided in the service user's own room.
- 10.7 Where service users have chosen to share a room, screening is provided to ensure that their privacy is not compromised when personal care is being given or at any other time.

Dying and Death

OUTCOME

Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

STANDARD 11

- 11.1 Care and comfort are given to service users who are dying, their death is handled with dignity and propriety, and their spiritual needs, rites and functions observed.**

- 11.2 Care staff make every effort to ensure that the service user receives appropriate attention and pain relief.
- 11.3 The service user's wishes concerning terminal care and arrangements after death are discussed and carried out.
- 11.4 The service user's family and friends are involved (if that is what the service user wants) in planning for and dealing with increasing infirmity, terminal illness and death.
- 11.5 The privacy and dignity of the service user who is dying are maintained at all times.
- 11.6 Service users are able to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this.
- 11.7 The registered person ensures that staff and service users who wish to offer comfort to a service user who is dying are enabled and supported to do so.
- 11.8 Palliative care, practical assistance and advice, and bereavement counselling are provided by trained professionals /specialist agencies if the service user wishes.
- 11.9 The changing needs of service users with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control.
- 11.10 Relatives and friends of a service user who is dying are able to stay with him/her, unless the service user makes it clear that he or she does not want them to, for as long as they wish.
- 11.11 The body of a service user who has died is handled with dignity, and time is allowed for family and friends to pay their respects.
- 11.12 Policies and procedures for handling dying and death are in place and observed by staff.

3

Daily Life and Social Activities

INTRODUCTION TO STANDARDS 12 TO 15

The fact that individuals have reached a later stage of life does not mean that their social, cultural, recreational and occupational characteristics, which have taken a lifetime to emerge, suddenly disappear. Older people moving into homes will have differing expectations and preferences as to lifestyle within the residential setting. The degree to which, and the way in which, social life is organised within the home, along with the range of activities available, must be set out in the home's information materials (statement of purpose and service user's guide) so that prospective residents get a clear idea of what is on offer. Some people will want an active, well-organised social life; in contrast, others will want a level of privacy and independence from other residents, although looking to the home for resources such as a library, quiet room or a space for religious observance. The capacity for social activity will vary according to the individual and many residents will need special support and assistance in engaging in the activities of daily life. For them, a structured daily life may well be a therapeutic requirement. Other people will search for a home which accommodates people with similar cultural, religious, professional or recreational interests. The standards have to take this wide variation in preferences and capacity into account. The information in the statement of purpose and service user's guide will be crucial in assessing whether a home is providing what it claims it sets out to provide.

Meals and Mealtimes

Residents regard the food they are given as one of the most important factors in determining their quality of life. It is important in maintaining their health and wellbeing. Failure to eat – through physical inability, depression, or because the food is inadequate or unappetising – can lead to malnutrition with serious consequences for health. Care staff should monitor the individual resident's food intake in as discreet and unregimented a way as possible. Care and tact should always be used. The availability, quality and style of presentation of food, along with the way in which staff assist residents at mealtimes, are crucial in ensuring residents receive a wholesome, appealing and nutritious diet. The social aspects of food - its preparation, presentation and consumption – are likely to have played a significant part in most people's lives, and it is important that homes make every effort to ensure this remains so for individuals once they move into care. While it is recognised that many residents will no longer be able to play an active part in preparing food – even snacks and light

refreshment – many still want to retain some capacity to do so. In these situations, restriction on access to main kitchens because of health and safety considerations may present problems. It is important that homes look at alternative ways of maintaining residents' involvement - for example, by providing kitchenettes, organising cooking as part of a range of daily activities – and enabling residents to be involved in laying up and clearing the dining rooms if they wish to, before and after mealtimes. Individuals' food preferences, both personal and cultural/religious, are part of their individual identity and must always be observed. These should be ascertained at the point where an individual is considering moving into the home and the home must make it clear whether or not those preferences can be observed. Homes must not make false claims that they can properly provide kosher, halal, vegetarian and other diets if they cannot observe all the requirements associated with those diets in terms of purchase, storage, preparation and cooking of the food.

See: examples on: *Dementia* – Benson, S (1998), Clarke et al (1996), Marshall, M (1997);

Spiritual needs – Jewell, A (1998), Regan et al (1997);

Ethnicity – Jones et al (1992);

Learning disabilities – Ward, C (1998);

Food – Caroline Walker Trust (1995).

Social Contact and Activities

OUTCOME

Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

STANDARD 12

- 12.1 The routines of daily living and activities made available are flexible and varied to suit service users' expectations, preferences and capacities.**
- 12.2 Service users have the opportunity to exercise their choice in relation to:
- leisure and social activities and cultural interests;
 - food, meals and mealtimes;
 - routines of daily living;
 - personal and social relationships;
 - religious observance.

- 12.3 Service users' interests are recorded and they are given opportunities for stimulation through leisure and recreational activities in and outside the home which suit their needs, preferences and capacities; particular consideration is given to people with dementia and other cognitive impairments, those with visual, hearing or dual sensory impairments, those with physical disabilities or learning disabilities.
- 12.4 Up to date information about activities is circulated to all service users in formats suited to their capacities.

Community Contact

OUTCOME

Service users maintain contact with family/friends /representatives and the local community as they wish.

STANDARD 13

- 13.1 Service users are able to have visitors at any reasonable time and links with the local community are developed and/or maintained in accordance with service users' preferences.**
- 13.2 Service users are able to receive visitors in private.
- 13.3 Service users are able to choose whom they see and do not see.
- 13.4 The registered person does not impose restrictions on visits except when requested to do so by service users, whose wishes are recorded.
- 13.5 Relatives, friends and representatives of service users are given written information about the home's policy on maintaining relatives and friends' involvement with service users at the time of moving into the home.
- 13.6 Involvement in the home by local community groups and/or volunteers accords with service users' preferences.

Autonomy and Choice

OUTCOME

Service users are helped to exercise choice and control over their lives.

STANDARD 14

- 14.1 The registered person conducts the home so as to maximise service users' capacity to exercise personal autonomy and choice.**

- 14.2 Service users handle their own financial affairs for as long as they wish to and as long as they are able to and have the capacity to do so.
- 14.3 Service users and their relatives and friends are informed of how to contact external agents (e.g. advocates), who will act in their interests.
- 14.4 Service users are entitled to bring personal possessions with them, the extent of which will be agreed prior to admission.
- 14.5 Access to personal records, in accordance with the Data Protection Act 1998, is facilitated for service users.

Meals and Mealtimes

OUTCOME

Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

STANDARD 15

- 15.1 **The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet, which is suited to individual assessed and recorded requirements, and that meals are taken in a congenial setting and at flexible times.**
- 15.2 Each service user is offered three full meals each day (at least one of which must be cooked) at intervals of not more than five hours.
- 15.3 Hot and cold drinks and snacks are available at all times and offered regularly. A snack meal should be offered in the evening and the interval between this and breakfast the following morning should be no more than 12 hours.
- 15.4 Food, including liquified meals, is presented in a manner which is attractive and appealing in terms of texture, flavour, and appearance, in order to maintain appetite and nutrition.
- 15.5 Special therapeutic diets/feeds are provided when advised by health care and dietetic staff, including adequate provision of calcium and vitamin D.
- 15.6 Religious or cultural dietary needs are catered for as agreed at admission and recorded in the care plan and food for special occasions is available.
- 15.7 The registered person ensures that there is a menu (changed regularly), offering a choice of meals in written or other formats to suit the capacities of all service users, which is given, read or explained to service users.
- 15.8 The registered person ensures that mealtimes are unhurried with service users being given sufficient time to eat.
- 15.9 Staff are ready to offer assistance in eating where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible.

4

Complaints and Protection

INTRODUCTION TO STANDARDS 16 TO 18

The following section addresses the matter of how residents and/or their relatives and representatives can make complaints about anything which goes on in the home, both in terms of the treatment and care given by staff or the facilities which are provided. It deals with complaints procedures within the home relating to matters between the resident and the proprietor or manager. Complainants may also make their complaints directly to the National Care Standards Commission.

Whilst it is recognised that having a robust and effective complaints procedure which residents feel able to use is essential, this should not mean that the opportunity to make constructive suggestions (rather than complaints) is regarded as less important. Making suggestions about how things might be improved may create co-operative relationships within the home and prevent situations where complaints need to be made from developing. However, it is important to remember that many older people do not like to complain – either because it is difficult for them or because they are afraid of being victimised. If a home is truly committed to the principles outlined in earlier sections of this document, an open culture within the home will develop which enables residents, supporters and staff to feel confident in making suggestions and for making complaints where it is appropriate without any fear of victimisation. The NCSC will look to the quality assurance process and service user survey (Standard 33) for evidence of an open culture.

Complaints

OUTCOME

Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.

STANDARD 16

- 16.1 The registered person ensures that there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly and effectively.**

- 16.2 The registered person ensures that the home has a complaints procedure which specifies how complaints may be made and who will deal with them, with an assurance that they will be responded to within a maximum of 28 days.
- 16.3 A record is kept of all complaints made and includes details of investigation and any action taken.
- 16.4 The registered person ensures that written information is provided to all service users for referring a complaint to the NCSC at any stage, should the complainant wish to do so.

Rights

OUTCOME

Service users' legal rights are protected.

STANDARD 17

- 17.1 **Service users have their legal rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.**
- 17.2 Where service users lack capacity, the registered person facilitates access to available advocacy services.
- 17.3 Service users' rights to participate in the political process are upheld, for example, by enabling them to vote in elections.

Protection

OUTCOME

Service users are protected from abuse.

STANDARD 18

- 18.1 **The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.**
- 18.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) ensure the safety and protection of service users, including passing on concerns to the NCSC in accordance with the Public Interest Disclosure Act 1998 and Department of Health (DH) guidance No Secrets.

- 18.3 All allegations and incidents of abuse are followed up promptly and action taken is recorded.
- 18.4 Staff who may be unsuitable to work with vulnerable adults are referred, in accordance with the Care Standards Act, for consideration for inclusion on the Protection of Vulnerable Adults register.
- 18.5 The policies and practices of the home ensure that physical and/or verbal aggression by service users is understood and dealt with appropriately, and that physical intervention is used only as a last resort and in accordance with DH guidance.
- 18.6 The home's policies and practices regarding service users' money and financial affairs ensure service users' access to their personal financial records, safe storage of money and valuables, consultation on finances in private, and advice on personal insurance; and preclude staff involvement in assisting in the making of or benefiting from service users' wills.

5

Environment

INTRODUCTION TO STANDARDS 19 TO 26

The links between the style of home, its philosophy of care and its size, design and layout are interwoven. A home which sets out to offer family-like care is unlikely to be successful if it operates in a large building with high numbers of resident places. It would need special design features - being divided into smaller units each with its own communal focus, for example, - to measure up to its claim to offer a domestic, family-scale environment. On the other hand, someone looking for a 'hotel'-style home, may prefer a large home with more individual facilities than could be offered by the small family-style home.

Where special needs are catered for, the design and layout of the physical environment are crucial. People with a high level of visual impairment will require particular design features to help them negotiate the environment, many of which may be advantageous to all older people, but will be essential to them. Older people with learning disabilities may have been used to living in small group homes and other small scale settings when they were younger (at least since the development of community care policies) and are likely to prefer a continuation of that style of living as they get older. People with dementia have particular needs for the layout of communal space and associated signage which aid their remaining capacity. Other older people, however, could find some of these features patronising.

The onus will be on proprietors to make clear which clientele their homes are aimed at and to make sure the physical environment matches their requirements. This section does not seek to set out detailed standards to meet the wide variety of needs exhibited by different client groups. Proprietors will have to meet the claims they make in their statement of purpose in respect of these. Nevertheless, although the physical character of homes will vary according to the needs of their residents, there are certain standards of provision common to all homes and which must be met.

See: *Centre for Accessible Environments/NHS Estates* (1998); Marshall, M, (1997); Peace *et al* (1982); Torrington, J (1996); Health & Safety Executive (1993).

Premises

OUTCOME

Service users live in a safe, well-maintained environment.

STANDARD 19

- 19.1 The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well-maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.**
- 19.2 A programme of routine maintenance and renewal of the fabric and decoration of the premises is produced and implemented with records kept.
- 19.3 Grounds are kept tidy, safe, attractive and accessible to service users, and allow access to sunlight.
- 19.4 Where a timescale has been set for compliance with any standard relating to the physical environment of the home, a plan and programme for achieving compliance is produced and followed and records kept.
- 19.5 The building complies with the requirements of the local fire service and environmental health department.
- 19.6 The use of CCTV cameras is restricted to entrance areas for security purposes only and does not intrude on the daily life of service users.

Shared Facilities

OUTCOME

Service users have access to safe and comfortable indoor and outdoor communal facilities.

STANDARD 20

- 20.1 In all newly built homes and first time registrations the home provides sitting, recreational and dining space (referred to collectively as communal space) apart from service users' private accommodation and excluding corridors and entrance hall amounting to at least 4.1sq metres for each service user.**
- 20.2 Communal space is available which includes:
- rooms in which a variety of social, cultural and religious activities can take place; and service users can meet visitors in private;
 - dining room(s) to cater for all service users;

- a smoke-free sitting room.
- 20.3 There is outdoor space for service users, accessible to those in wheelchairs or with other mobility problems, with seating and designed to meet the needs of all service users including those with physical, sensory and cognitive impairments.
 - 20.4 Pre-existing care homes, which provide at least 4.1sq metres of communal space for each service user as at 16 August 2002 continue to do so. Where they did not provide that amount of space as at that date, they provide at least the same communal space for each service user as they provided as at 31 March 2002.
 - 20.5 Where intermediate care is provided, dedicated space is available for this service group.
 - 20.6 Lighting in communal rooms is domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
 - 20.7 Furnishings of communal rooms are domestic in character and of good quality, and suitable for the range of interests and activities preferred by service users.

Lavatories and Washing Facilities

OUTCOME

Service users have sufficient and suitable lavatories and washing facilities.

STANDARD 21

- 21.1 Toilet, washing and bathing facilities are provided to meet the needs of service users.**
- 21.2 There are accessible toilets for service users, clearly marked, close to lounge and dining areas.
- 21.3 In all newly-built homes, new extensions to homes and first time registrations there is a ratio of 1 assisted bath (or assisted shower provided this meets residents needs) to 8 service users. Where suitably adapted en-suite bathing/shower facilities are provided in service users' rooms, these rooms can be excluded from this calculation.
- 21.4 Pre-existing care homes, which provided at least 1 assisted bath (or assisted showers provided this meets residents needs) to 8 service users as at 16 August 2002 continue to do so. Where they did not provide that ratio of baths as at that date, they provide at least the same number of assisted baths for service users as they provided as at 31 March 2002.
- 21.5 Each service user has a toilet within close proximity of his/her private accommodation.

- 21.6 En-suite facilities (at minimum a toilet and hand-basin) are provided to all service users in all new build, extensions and all first time registrations from 1 April 2002.
- 21.7 The installation of en-suite facilities should be in addition to the minimum usable floor space standards in any service user's room.
- 21.8 En-suite facilities in rooms accommodating service users using wheelchairs or other aids, are accessible to them.
- 21.9 Any sluices provided are located separately from service users' wc and bathing facilities.

Adaptations and Equipment

OUTCOME

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

STANDARD 22

- 22.1 **The registered person demonstrates that an assessment of the premises and facilities has been made by suitably qualified persons, including a qualified occupational therapist, with specialist knowledge of the client groups catered for, and provides evidence that the recommended disability equipment has been secured or provided and environmental adaptations made to meet the needs of service users.**
- 22.2 Service users have access to all parts of service users' communal and private space, through the provision of ramps and passenger lifts, where required to achieve this, or stair/chair lifts where they meet the assessed needs of service users and the appropriate requirements of the Environmental Health departments and the Health and Safety Executive.
- 22.3 The home provides grab rails and other aids in corridors, bathrooms, toilets, communal rooms and where necessary in service users' own accommodation.
- 22.4 Aids, hoists and assisted toilets and baths are installed which are capable of meeting the assessed needs of service users.
- 22.5 Doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which wheelchair users have access, should be of width sufficient to allow wheelchair users adequate access. In all newly built homes, new extensions to homes and first time registrations doorways into areas to which wheelchair users have access should have a clear opening of 800mm.

- 22.6 Facilities, including communication aids (eg a loop system), and signs are provided to assist the needs of all service users, taking account of the needs, for example, of those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary.
- 22.7 Storage areas are provided for aids and equipment, including wheelchairs.
- 22.8 Call systems with an accessible alarm facility are provided in every room.

Individual Accommodation: Space Requirements

OUTCOME

Service users' own rooms suit their needs.

STANDARD 23

- 23.1 The home provides accommodation for each service user which meets minimum space as follows:**
- 23.2 In all new build, extensions and first time registrations, all places are provided in single rooms with a minimum of 12sq metres usable floor-space (excluding en-suite facilities).
- 23.3 Pre-existing care homes, with rooms which provided at least 10 sq metres of useable space for each service user as at 16 August 2002, continue to provide that amount of space in those rooms. Pre-existing care homes with rooms which did not provide that amount of space as at that date, provide at least the same useable floor space in those rooms as they provided as at 31 March 2002.
- 23.4 Single rooms accommodating wheelchair users have at least 12sq metres usable floor space (excluding en-suite facilities).
- 23.5 Room dimensions and layout options ensure that there is room on either side of the bed, to enable access for carers and any equipment needed.
- 23.6 Where rooms are shared, they are occupied by no more than two service users who have made a positive choice to share with each other.
- 23.7 When a shared place becomes vacant, the remaining service user has the opportunity to choose not to share, by moving into a different room if necessary.
- 23.8 Rooms which are currently shared have at least 16sq metres of usable floor space (excluding en-suite facilities).
- 23.9 In new build, extensions and all first time registrations, service users wishing to share accommodation are offered two single rooms for use, for example, as bedroom and sitting room.

- 23.10 Pre-existing care homes, which provided at least 80% of places in single rooms as at 16 August 2002 continue to do so. Where they did not provide that percentage of places in single rooms as at that date, they provide at least the same percentage of places in single rooms as they provided as at 31 March 2002.

Individual Accommodation: Furniture and Fittings

OUTCOME

Service users live in safe, comfortable bedrooms with their own possessions around them.

STANDARD 24

- 24.1 The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.**
- 24.2 In the absence of service users' own provision, furnishings for individual rooms are provided to the minimum as follows:
- a clean comfortable bed, minimum 900mm wide, at a suitable, safe height for the service user, and bedlinen;
 - curtains or blinds;
 - mirror;
 - overhead and bedside lighting;
 - comfortable seating for two people;
 - drawers and enclosed space for hanging clothes;
 - at least 2 accessible double electric sockets;
 - a table to sit at and a bed-side table;
 - wash-hand basin (unless en-suite wc and whb provided).
- 24.3 Adjustable beds are provided for service users receiving nursing care.
- 24.4 The service user's room is carpeted or equivalent.
- 24.5 Doors to service users' private accommodation are fitted with locks suited to service users' capabilities and accessible to staff in emergencies.
- 24.6 Service users are provided with keys unless their risk assessment suggests otherwise.
- 24.7 Each service user has lockable storage space for medication, money and valuables and is provided with the key which he or she can retain (unless the reason for not doing so is explained in the care plan).
- 24.8 Screening is provided in double rooms to ensure privacy for personal care.

Services: Heating and Lighting

OUTCOME

Service users live in safe, comfortable surroundings.

STANDARD 25

- 25.1 The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.**
- 25.2 Rooms are individually and naturally ventilated with windows conforming to recognised standards.
- 25.3 In new build, extensions and all first time registrations the height of the window enables the service user to see out of it when seated or in bed.
- 25.4 Rooms are centrally heated and heating may be controlled in the service user's own room.
- 25.5 Pipe work and radiators are guarded or have guaranteed low temperature surfaces.
- 25.6 Lighting in service users' accommodation meets recognised standards (lux 150), is domestic in character, and includes table-level lamp lighting.
- 25.7 Emergency lighting is provided throughout the home
- 25.8 Water is stored at a temperature of at least 60oC and distributed at 50oC minimum, to prevent risks from Legionella. To prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have fail safe devices are fitted locally to provide water close to 43oC.

Services: Hygiene and Control of Infection

OUTCOME

The home is clean, pleasant and hygienic.

STANDARD 26

- 26.1 The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.**
- 26.2 Laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on service users.

- 26.3 Hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.
- 26.4 The laundry floor finishes are impermeable and these and wall finishes are readily cleanable.
- 26.5 Policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing.
- 26.6 The home has a sluicing facility and, in care homes providing nursing, a sluicing disinfectant.
- 26.7 Foul laundry is washed at appropriate temperatures (minimum 65°C for not less than 10 minutes) to thoroughly clean linen and control risk of infection.
- 26.8 Washing machines have the specified programming ability to meet disinfection standards.
- 26.9 Services and facilities comply with the Water Supply (Water Fittings) Regulations 1999.

6

Staffing

INTRODUCTION TO STANDARDS 27 TO 30

The national minimum standards apply to the wide range of residential and nursing homes which exist in England. It is necessary to achieve a balance between drawing up standards which are specific enough to avoid the need for local negotiation, but which are broad enough to apply to the diverse nature of the clientele catered for (eg those who are physically frail; those who have dementia). Drawing up standards for staffing exemplifies some of the greatest difficulties of this kind. Where residents have a high level of physical dependency (in relation to capacity to perform the activities of daily living), staffing levels will need to reflect the needs of those residents. Where they require significant nursing attention, the skill mix of the staffing establishment must be adjusted accordingly. Residents with dementia also require care from appropriately skilled staff - and so on. In determining appropriate staffing establishments in all care homes, and in nursing care homes in particular, the regulatory requirement that staffing levels and skills mix are adequate to meet the assessed and recorded needs of the residents at all times in the particular home in question must be met.

This section, therefore, does not lay down detailed specifications for staffing to cover all situations but it does set out some baseline standards which should apply as minimum to all settings. Each home must then determine the appropriate staffing levels and skills to meet the assessed needs of its own particular residents, which will then be approved by the National Care Standards Commission (NCSC).

See: Burton, J (1998); Payne, C (1994); *Residential Forum* (1997).

Staff Complement

OUTCOME

Service users needs are met by the numbers and skill mix of staff.

STANDARD 27

- 27.1 Staffing numbers and skill mix of qualified/unqualified staff are appropriate to the assessed needs of the service users, the size, layout and purpose of the home, at all times.**

- 27.2 A recorded staff rota showing which staff are on duty at any time during the day and night and in what capacity is kept.
- 27.3 The ratios of care staff to service users must be determined according to the assessed needs of residents, and a system operated for calculating staff numbers required, in accordance with guidance recommended by the Department of Health.
- 27.4 Additional staff are on duty at peak times of activity during the day.
- 27.5 There are waking night staff on duty in numbers that reflect the numbers and needs of service users and the layout of the home. In care homes providing nursing this includes registered nurse(s).
- 27.6 Staff providing personal care to service users are at least aged 18; staff left in charge of the home are at least aged 21.
- 27.7 Domestic staff are employed in sufficient numbers to ensure that standards relating to food, meals and nutrition are fully met, and that the home is maintained in a clean and hygienic state, free from dirt and unpleasant odours.

Qualifications

OUTCOME

Service users are in safe hands at all times.

STANDARD 28

- 28.1 **A minimum ratio of 50% trained members of care staff (NVQ level 2 or equivalent) is achieved by 2005, excluding the registered manager and/or care manager, and in care homes providing nursing, excluding those members of the care staff who are registered nurses.**
- 28.2 Any agency staff working in the home are included in the 50% ratio.
- 28.3 Trainees (including all staff under 18) are registered on a TOPSS-certified training programme.

Recruitment

OUTCOME

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

STANDARD 29

- 29.1 The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.**
- 29.2 Two written references are obtained before appointing a member of staff, and any gaps in employment records are explored.
- 29.3 New staff are confirmed in post only following completion of a satisfactory police check, and satisfactory check of the Protection of Children and Vulnerable Adults and NMC registers.
- 29.4 Staff are employed in accordance with the code of conduct and practice set by the GSCC and are given copies of the code.
- 29.5 All staff receive statements of terms and conditions.
- 29.6 The recruitment and selection process for any volunteers involved in the home is thorough and includes police checks.

Staff Training**OUTCOME**

Staff are trained and competent to do their jobs.

STANDARD 30

- 30.1 The registered person ensures that there is a staff training and development programme which meets National Training Organisation (NTO) workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.**
- 30.2 All members of staff receive induction training to NTO specification within 6 weeks of appointment to their posts, including training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the service user group, and the influences and particular requirements of the service setting.
- 30.3 All staff receive foundation training to NTO specification within the first six months of appointment, which equips them to meet the assessed needs of the service users accommodated, as defined in their individual plan of care (see Standards 3 and 7).
- 30.4 All staff receive a minimum of three paid days training per year (including in house training), and have an individual training and development assessment and profile.

7

Management and Administration

INTRODUCTION TO STANDARDS 31 TO 38

The quality of care provided in a care home is strongly influenced by the calibre of the registered manager and their relationship with the registered provider (or owner) of the home, where these are not one and the same person.

This section sets out the standards relating to the qualities and qualifications required of the person in day to day control of the delivery of care, and how they should exercise their responsibilities.

Both the regulations and the standards highlight the importance of consulting service users about their health and personal care, interests and preferences. A competent, skilled manager is adept at fostering an atmosphere of openness and respect, in which residents, family, friends and staff all feel valued and that their opinions matter.

The requirement to have a quality assurance system formalises this process. It is not essential to subscribe to an external system, although many providers do and there are plenty of good examples to choose from. A key requirement of these standards is that service users are surveyed for their opinions and that the results of the survey are published.

See: *Inside Quality Assurance – The IQA Action Pack Centre for the Environment and Social Studies in Ageing* (1992); *Managing Residential Care*, Burton, J (1998)]

Day to Day Operations

OUTCOME

Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.

STANDARD 31

- 31.1 The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.**
- 31.2 The registered manager: has at least 2 years' experience in a senior management capacity in the managing of a relevant care setting within the past five years;
and

[by 2005], has a qualification, at level 4 NVQ, in management and care or equivalent;

or

where nursing care is provided by the home (ie nursing home), is a first level registered nurse, and has a relevant management qualification [by 2005].

- 31.3 The registered manager is responsible for no more than one registered establishment.
- 31.4 The registered manager can demonstrate that he/she has undertaken periodic training to update his/her knowledge, skills and competence, whilst managing the home.
- 31.5 The manager and other senior staff are familiar with the conditions/diseases associated with old age.
- 31.6 The job description of the registered manager enables him/her to take responsibility for fulfilling his/her duties.
- 31.7 There are clear lines of accountability within the home and with any external management.
- 31.8 Where the registered provider is in day-to-day control of the home, he/she meets all standards applying to the registered manager.

Ethos

OUTCOME

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

STANDARD 32

- 32.1 The registered manager ensures that the management approach of the home creates an open, positive and inclusive atmosphere.**
- 32.2 The registered manager communicates a clear sense of direction and leadership which staff and service users understand and are able to relate to the aims and purpose of the home.
- 32.3 The registered manager has strategies for enabling staff, service users and other stakeholders to affect the way in which the service is delivered.
- 32.4 The processes of managing and running the home are open and transparent.
- 32.5 Management planning and practice encourage innovation, creativity and development.
- 32.6 A commitment is made to equal opportunities in the organisation.
- 32.7 The registered person complies with any Code of Practice published by the General Social Care Council, setting out standards expected of persons employing social care workers, insofar as the code is relevant to the management of a care home.

Quality Assurance

OUTCOME

The home is run in the best interests of service users.

STANDARD 33

- 33.1 Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in meeting the aims, objectives and statement of purpose of the home.**
- 33.2 There is an annual development plan for the home, based on a systematic cycle of planning - action - review, reflecting aims and outcomes for service users.
- 33.3 There is continuous self-monitoring, using an objective, consistently obtained and reviewed and verifiable method (preferably a professionally recognised quality assurance system) and involving service users; and an internal audit takes place at least annually.
- 33.4 The results of service user surveys are published and made available to current and prospective users, their representatives and other interested parties, including the NCSC.
- 33.5 The registered manager and staff can demonstrate a commitment to lifelong learning and development for each service user, linked to implementation of his/her individual care plan.
- 33.6 Feedback is actively sought from service users about services provided through eg anonymous user satisfaction questionnaires and individual and group discussion, as well as evidence from records and life plans; and this informs all planning and reviews.
- 33.7 The views of family and friends and of stakeholders in the community (eg GPs, chiropodist, voluntary organisation staff) are sought on how the home is achieving goals for service users.
- 33.8 Service users are told about planned NCSC inspections and are given access to inspectors and the views of service users are made available to NCSC inspectors for inclusion in inspection reports.
- 33.9 Policies, procedures and practices are regularly reviewed in light of changing legislation and of good practice advice from the Department of Health, local/health authorities, and specialist / professional organisations.
- 33.10 Action is progressed within agreed timescales to implement requirements identified in NCSC inspection reports.

Financial Procedures

OUTCOME

Service users are safeguarded by the accounting and financial procedures of the home.

STANDARD 34

- 34.1 Suitable accounting and financial procedures are adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the business.**
- 34.2 Insurance cover is put in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixture, fittings and equipment.
- 34.3 Insurance cover is provided for business interruption costs (including loss of earnings), as well as costs to the operator of meeting its contract liabilities. The latter must be sufficient to cover the registered person's legal liabilities to employees, service users and third party persons to a limit commensurate with the level and extent of activities undertaken or to a minimum of £5 million.
- 34.4 Records are kept of all transactions entered into by the registered person.
- 34.5 There is a business and financial plan for the establishment, open to inspection and reviewed annually.

Service Users' Money

OUTCOME

Service users' financial interests are safeguarded.

STANDARD 35

- 35.1 The registered manager ensures that service users control their own money except where they state that they do not wish to or they lack capacity and that safeguards are in place to protect the interests of the service user.**
- 35.2 Written records of all transactions are maintained.
- 35.3 Where the money of individual service users is handled, the manager ensures that the personal allowances of these service users are not pooled and appropriate records and receipts are kept.
- 35.4 The registered manager may be appointed as agent for a service user only where no other individual is available. In this case, the manager ensures that:

- the registration authority is notified on inspection;
- records are kept of all incoming and outgoing payments.

If the manager is to be an appointee for social security purposes, the DSS is given appropriate notice.

- 35.5 Secure facilities are provided for the safe-keeping of money and valuables on behalf of the service user.
- 35.6 Records and receipts are kept of possessions handed over for safe keeping.

Staff Supervision

OUTCOME

Staff are appropriately supervised.

STANDARD 36

- 36.1 **The registered person ensures that the employment policies and procedures adopted by the home and its induction, training and supervision arrangements are put into practice.**
- 36.2 Care staff receive formal supervision at least 6 times a year.
- 36.3 Supervision covers:
- all aspects of practice;
 - philosophy of care in the home;
 - career development needs.
- 36.4 All other staff are supervised as part of the normal management process on a continuous basis.
- 36.5 Volunteers receive training, supervision and support appropriate to their role and do not replace paid staff.

Record Keeping

OUTCOME

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

STANDARD 37

- 37.1 Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.**
- 37.2 Service users have access to their records and information about them held by the home, as well as opportunities to help maintain their personal records.
- 37.3 Individual records and home records are secure, up to date and in good order; and are constructed, maintained and used in accordance with the Data Protection Act 1998 and other statutory requirements.

Safe Working Practices**OUTCOME**

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

STANDARD 38

- 38.1 The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.**
- 38.2 The registered manager ensures safe working practices including:
- moving and handling: use of techniques for moving people and objects that avoid injury to services users or staff;
 - fire safety: understanding and implementation of appropriate fire procedures;
 - first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first aider at all times; and recording of all cases;
 - food hygiene: correct storage and preparation of food to avoid food poisoning, including labelling and dating of stored food;
 - infection control: understanding and practice of measures to prevent spread of infection and communicable diseases.
- 38.3 The registered manager ensures the health and safety of service users and staff including:
- safe storage and disposal of hazardous substances;
 - regular servicing of boilers and central heating systems under contract by competent persons (eg members of Council of Registered Gas Installers (CORGI));
 - maintenance of electrical systems and electrical equipment;
 - regulation of water temperature, and design solutions to control:
 - risk of Legionella,

- risks from hot water/surfaces (ie temperature close to 43°C);
 - provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to service users;
 - maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment;
 - security of the premises;
 - security of service users based on an assessment of their vulnerability.
- 38.4 The registered manager ensures compliance with relevant legislation including:
- Health and Safety at Work Act 1974;
 - Management of Health and Safety at Work Regulations 1999;
 - Workplace (Health, Safety and Welfare) Regulations 1992;
 - Provision and Use of Work Equipment Regulations 1992;
 - Electricity at Work Regulations 1989;
 - Health and Safety (First Aid) Regulations 1981;
 - Control of Substances Hazardous to Health Regulations (COSHH) 1988;
 - Manual Handling Operations Regulations 1992;
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.
- 38.5 The registered manager provides a written statement of the policy, organisation and arrangements for maintaining safe working practices.
- 38.6 The registered manager ensures that risk assessments are carried out for all safe working practice topics and that significant findings of the risk assessment are recorded.
- 38.7 All accidents, injuries and incidents of illness or communicable disease are recorded and reported.
- 38.8 Safety procedures are posted, and explained, in formats that are easily understood and take account of service users' special communication needs.
- 38.9 All staff receive induction and foundation training and updates to meet TOPSS specification on all safe working practice topics (see Standard (30) Training).

Appendices

Appendix 1

Glossary

Abuse

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

Assessment

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

Assisted Bath

A bath, with or without mechanism to vary height, which is designed to permit side or end access for a mobile hoist or other mechanism to allow a patient to be transferred from a bed, couch or trolley and raised or lowered into it.

(Where appropriate sufficient space is provided in bathrooms housing assisted baths to permit access into the room and movement within the room to allow these manoeuvres to be undertaken safely by staff.)

Care Home

An establishment providing accommodation with nursing or personal care.

Care Management

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

Care Management Care Plan

A written statement based on a single assessment process, setting out the health and social services care and support that a service user receives through Care Management, and how it is organised and delivered.

Care Programme Approach (CPA)

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

Contract

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

First time registration

For the purposes of applying the standards, care homes which were in use immediately before April 2002 but were previously exempt from registration, such as “Royal Charter” homes and local authority homes, will NOT be treated as first time registrations and will only have to meet the “normal” standards.

Independent Advocate

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

Intermediate Care

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

Keyworker

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

Outcome

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

Personal Care

Care which includes assistance with bodily functions where required.

Physical Intervention

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

Policy

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

Pre-existing care home

For the purposes of applying the standards a pre-existing care home is one which existed immediately before 1 April 2002, whether or not registered under the Registered Homes Act 1984.

Procedure

The steps taken to fulfil a policy.

Registered Manager – see Registered Person

Registered Person

A person who either: carries on the home and is registered with the National Care Standards Commission to do so (the registered provider); or manages the home and is registered with the National Care Standards Commission to do so (the registered manager).

In some cases the registered provider may also manage the home.

Registered Provider – see Registered Person

Representative

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

Service User

Person living in and provided with services by a care home - a resident.

Service User's Plan

A Plan – generated from the Care Management assessment where applicable – developed by the home, with the service user and his or her relatives/representatives. The service user plan should cover all aspects of health and personal care, and show how these will be met in terms of daily living and longer term outcomes.

Staff

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

Standard

A measure by which quality is judged.

TOPSS

The National Training Organisation for Social Care.

Usable Floor Space

Space which is accessible to the service user for furniture, possessions and daily living, with attention to e.g. room shape, positioning of doors, windows or en-suite facilities, and headroom.

Volunteers

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

Wheelchair User

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

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Note: the Regulations printed here have been edited so as to incorporate amendments made by S.I. 2002 No. 865.

STATUTORY INSTRUMENTS

2001 No. 3965

SOCIAL CARE, ENGLAND CHILDREN AND YOUNG PERSONS, ENGLAND

The Care Homes Regulations 2001

<i>Made</i>	<i>11th December 2001</i>
<i>Laid before Parliament</i>	<i>12th December 2001</i>
<i>Coming into force</i>	<i>1st April 2002</i>

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The Secretary of State, in exercise of the powers conferred upon him by sections 3(3), 22(1), (2)(a) to (d) and (f) to (j), (5), (7)(a) to (h), (j) and (l), 25(1), 34(1), 35 and 118(5) to (7) of the Care Standards Act 2000[1], and of all other powers enabling him in that behalf, having consulted such persons as he considers appropriate[2], hereby makes the following Regulations:

PART I

GENERAL

Citation, commencement and extent

1. - (1) These Regulations may be cited as the Care Homes Regulations 2001 and shall come into force on 1st April 2002.
- (2) These Regulations extend to England only.

Interpretation

2. - (1) In these Regulations -

"the Act" means the Care Standards Act 2000;

"environmental health authority" means the authority responsible for environmental health for the area in which the care home is situated;

"fire authority", in relation to a care home, means the authority discharging in the area in which the care home is situated the function of fire authority under the Fire Services Act 1947[3];

"general practitioner" means a registered medical practitioner who -

(a) provides general medical services under Part II of the National Health Service Act 1977[4];

(b) performs personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997[5]; or

(c) provides services which correspond to services provided under Part II of the National Health Service Act 1977, otherwise than in pursuance of that Act;

"health care professional" means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999[6] applies or who is clinical psychologist, child psychotherapist or speech therapist;

"inspection report" means a report prepared in relation to the care home under section 32(5) of the Act;

"organisation" means a body corporate or any unincorporated association other than a partnership;

"registered manager", in relation to a care home, means a person who is registered under Part II of the Act as the manager of the care home;

"registered person", in relation to a care home, means any person who is the registered provider or registered manager in respect of the care home;

"registered provider", in relation to a care home, means a person who is registered under Part II of the Act as a person carrying on the care home;

"relative", in relation to any person, means -

(a) the person's spouse;

(b) any parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece of his or his spouse;

(c) the spouse of any relative within sub-paragraph (b) of this definition,

and for the purpose of determining any such relationship a person's step-child shall be treated as his child, and references to "spouse" in relation to any person include a former spouse and a person who is living with the person as husband and wife;

"representative" means, in relation to a service user, a person, other than the registered person or a person employed at the care home, who with the service user's express or implied consent takes an interest in the service user's health and welfare;

"responsible individual" shall be construed in accordance with regulation 7(2)(c)(i);

"service user" means any person accommodated in the care home who is in need of nursing or personal care by reason of disability, infirmity, past or present illness, past or present mental disorder or past or present dependence on alcohol or drugs;

"service user's guide" means the written guide produced in accordance with regulation 5(1);

"service user's plan" means the written plan prepared in accordance with regulation 15(1);

"staff" means persons employed by the registered person to work at the care home but does not include a volunteer or a person employed under a contract for services;

"statement of purpose" means the written statement compiled in accordance with regulation 4(1).

(2) In these Regulations, unless the context otherwise requires, a reference -

(a) to a numbered regulation or Schedule is to the regulation in, or Schedule to, these Regulations bearing that number;

(b) in a regulation or Schedule to a numbered paragraph is to the paragraph in that regulation or Schedule bearing that number;

(c) in a paragraph to a lettered or numbered sub-paragraph is to the sub-paragraph in that paragraph bearing that letter or number.

(3) In these Regulations, references to employing a person include employing a person whether or not for payment and whether under a contract of service or a contract for services and allowing a person to work as a volunteer; and references to an employee or to a person being employed shall be construed accordingly.

Excepted establishments

3. - (1) For the purposes of the Act, an establishment is excepted from being a care home if -

(a) it is a health service hospital at which nursing is provided;

(b) it provides accommodation, together with nursing, and is vested -

(i) in the Secretary of State for the purposes of his functions under the National Health Service Act 1977[7]; or

(ii) in an NHS trust[8];

(c) it is a university;

(d) it is an institution within the further education sector as defined by section 91(3) of the Further and Higher Education Act 1992[9]; or

(e) it is a school.

(2) For the purposes of paragraph (1), "university" includes -

(a) any university college;

(b) any college, or institution in the nature of a college, of a university.

(3) The exception in paragraph (1)(d) does not apply if -

(a) the establishment provides accommodation together with nursing or personal care to any person; and

(b) the number of such persons is more than one tenth of the number of students to whom it provides both education and accommodation.

Statement of purpose

4. - (1) The registered person shall compile in relation to the care home a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of -

(a) a statement of the aims and objectives of the care home;

(b) a statement as to the facilities and services which are to be provided by the registered person for service users; and

(c) a statement as to the matters listed in Schedule 1.

(2) The registered person shall supply a copy of the statement of purpose to the Commission and shall make a copy of it available on request for inspection by every service user and any representative of a service user.

(3) Nothing in regulation 16(1) or 23(1) shall require or authorise the registered person to contravene, or not to comply with -

- (a) any other provision of these Regulations; or
- (b) the conditions for the time being in force in relation to the registration of the registered person under Part II of the Act.

Service user's guide

5. - (1) The registered person shall produce a written guide to the care home (in these Regulations referred to as "the service user's guide") which shall include -

- (a) a summary of the statement of purpose;
- (b) the terms and conditions in respect of accommodation to be provided for service users, including as to the amount and method of payment of fees;
- (c) a standard form of contract for the provision of services and facilities by the registered provider to service users;
- (d) the most recent inspection report;
- (e) a summary of the complaints procedure established under regulation 22;
- (f) the address and telephone number of the Commission.

(2) The registered person shall supply a copy of the service user's guide to the Commission and each service user.

(3) Where a local authority has made arrangements for the provision of accommodation, nursing or personal care to the service user at the care home, the registered person shall supply to the service user a copy of the agreement specifying the arrangements made.

Review of statement of purpose and service user's guide

6. The registered person shall -

- (a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and
- (b) notify the Commission and service users of any such revision within 28 days.

PART II

REGISTERED PERSONS

Fitness of registered provider

7. - (1) A person shall not carry on a care home unless he is fit to do so.

(2) A person is not fit to carry on a care home unless the person -

(a) is an individual who carries on the care home -

(i) otherwise than in partnership with others, and he satisfies the requirements set out in paragraph (3);

(ii) in partnership with others, and he and each of his partners satisfies the requirements set out in paragraph (3);

(b) is a partnership, and each of the partners satisfies the requirements set out in paragraph (3);

(c) is an organisation and -

(i) the organisation has given notice to the Commission of the name, address and position in the organisation of an individual (in these Regulations referred to as "the responsible individual") who is a director, manager, secretary or other officer of the organisation and is responsible for supervising the management of the care home; and

(ii) that individual satisfies the requirements set out in paragraph (3).

(3) The requirements are that -

(a) he is of integrity and good character; and

(b) he is physically and mentally fit to carry on the care home; and

(c) full and satisfactory information is available in relation to him in respect of the following matters -

(i) the matters specified in paragraphs 1 to 5 and 7 of Schedule 2;

(5) A person shall not carry on a care home if -

(a) he has been adjudged bankrupt or sequestration of his estate has been awarded and (in either case) he has not been discharged and the bankruptcy order has not been annulled or rescinded; or

(b) he has made a composition or arrangement with his creditors and has not been discharged in respect of it.

Appointment of manager

8. - (1) The registered provider shall appoint an individual to manage the care home where -

(a) there is no registered manager in respect of the care home; and

(b) the registered provider -

(i) is an organisation or partnership;

(ii) is not a fit person to manage a care home; or

(iii) is not, or does not intend to be, in full-time day to day charge of the care home.

(2) Where the registered provider appoints a person to manage the care home he shall forthwith give notice to the Commission of -

(a) the name of the person so appointed; and

(b) the date on which the appointment is to take effect.

Fitness of registered manager

9. - (1) A person shall not manage a care home unless he is fit to do so.

(2) A person is not fit to manage a care home unless -

(a) he is of integrity and good character;

(b) having regard to the size of the care home, the statement of purpose, and the number and needs of the service users -

(i) he has the qualifications, skills and experience necessary for managing the care home; and

(ii) he is physically and mentally fit to manage the care home; and

(c) full and satisfactory information is available in relation to him in respect of the following matters -

(i) the matters specified in paragraphs 1 to 5 and 7 of Schedule 2;

Registered person: general requirements

10. - (1) The registered provider and the registered manager shall, having regard to the size of the care home, the statement of purpose, and the number and needs of the service users, carry on or manage the care home (as the case may be) with sufficient care, competence and skill.

(2) If the registered provider is -

(a) an individual, he shall undertake;

(b) an organisation, it shall ensure that the responsible individual undertakes;

(c) a partnership, it shall ensure that one of the partners undertakes,

from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the care home.

(3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the care home.

Notification of offences

11. Where the registered person or the responsible individual is convicted of any criminal offence, whether in England and Wales or elsewhere, he shall forthwith give notice in writing to the Commission of -

- (a) the date and place of the conviction;
- (b) the offence of which he was convicted; and
- (c) the penalty imposed on him in respect of the offence.

PART III

CONDUCT OF CARE HOME

Health and welfare of service users

12. - (1) The registered person shall ensure that the care home is conducted so as -

- (a) to promote and make proper provision for the health and welfare of service users;
- (b) to make proper provision for the care and, where appropriate, treatment, education and supervision of service users.

(2) The registered person shall so far as practicable enable service users to make decisions with respect to the care they are to receive and their health and welfare.

(3) The registered person shall, for the purpose of providing care to service users, and making proper provision for their health and welfare, so far as practicable ascertain and take into account their wishes and feelings.

(4) The registered person shall make suitable arrangements to ensure that the care home is conducted -

- (a) in a manner which respects the privacy and dignity of service users;
- (b) with due regard to the sex, religious persuasion, racial origin, and cultural and linguistic background and any disability of service users.

(5) The registered provider and registered manager (if any) shall, in relation to the conduct of the care home -

- (a) maintain good personal and professional relationships with each other and with service users and staff; and
- (b) encourage and assist staff to maintain good personal and professional relationships with service users.

Further requirements as to health and welfare

13. - (1) The registered person shall make arrangements for service users -

- (a) to be registered with a general practitioner of their choice; and
- (b) to receive where necessary, treatment, advice and other services from any health care professional.

(2) The registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.

(3) The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home.

(4) The registered person shall ensure that -

- (a) all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety;
- (b) any activities in which service users participate are so far as reasonably practicable free from avoidable risks; and
- (c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated,

and shall make suitable arrangements for the training of staff in first aid.

(5) The registered person shall make suitable arrangements to provide a safe system for moving and handling service users.

(6) The registered person shall make arrangements, by training staff or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.

(7) The registered person shall ensure that no service user is subject to physical restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

(8) On any occasion on which a service user is subject to physical restraint, the registered person shall record the circumstances, including the nature of the restraint.

Assessment of service users

14. - (1) The registered person shall not provide accommodation to a service user at the care home unless, so far as it shall have been practicable to do so -

- (a) needs of the service user have been assessed by a suitably qualified or suitably trained person;
- (b) the registered person has obtained a copy of the assessment;

- (c) there has been appropriate consultation regarding the assessment with the service user or a representative of the service user;
 - (d) the registered person has confirmed in writing to the service user that having regard to the assessment the care home is suitable for the purpose of meeting the service user's needs in respect of his health and welfare.
- (2) The registered person shall ensure that the assessment of the service user's needs is -
- (a) kept under review; and
 - (b) revised at any time when it is necessary to do so having regard to any change of circumstances.

Service user's plan

- 15.** - (1) Unless it is impracticable to carry out such consultation, the registered person shall, after consultation with the service user, or a representative of his, prepare a written plan ("the service user's plan") as to how the service user's needs in respect of his health and welfare are to be met.
- (2) The registered person shall -
- (a) make the service user's plan available to the service user;
 - (b) keep the service user's plan under review;
 - (c) where appropriate and, unless it is impracticable to carry out such consultation, after consultation with the service user or a representative of his, revise the service user's plan; and
 - (d) notify the service user of any such revision.

Facilities and services

- 16.** - (1) Subject to regulation 4(3), the registered person shall provide facilities and services to service users in accordance with the statement required by regulation 4(1)(b) in respect of the care home.
- (2) The registered person shall having regard to the size of the care home and the number and needs of service users -
- (a) provide, so far as is necessary for the purpose of managing the care home -
 - (i) appropriate telephone facilities;
 - (ii) appropriate facilities for communication by facsimile transmission;
 - (b) provide telephone facilities which are suitable for the needs of service users, and make arrangements to enable service users to use such facilities in private;
 - (c) provide in rooms occupied by service users adequate furniture, bedding and other

furnishings, including curtains and floor coverings, and equipment suitable to the needs of service users and screens where necessary;

(d) permit service users, so far as it is practicable to do so, to bring their own furniture and furnishings into the rooms they occupy;

(e) arrange for the regular laundering of linen and clothing;

(f) so far as it is practicable to do so, provide adequate facilities for service users to wash, dry and iron their own clothes if they so wish and, for that purpose, to make arrangements for their clothes to be sorted and kept separately;

(g) provide sufficient and suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food;

(h) provide adequate facilities for service users to prepare their own food and ensure that such facilities are safe for use by service users;

(i) provide, in adequate quantities, suitable, wholesome and nutritious food which is varied and properly prepared and available at such time as may reasonably be required by service users;

(j) after consultation with the environmental health authority, make suitable arrangements for maintaining satisfactory standards of hygiene in the care home;

(k) keep the care home free from offensive odours and make suitable arrangements for the disposal of general and clinical waste;

(l) provide a place where the money and valuables of service users may be deposited for safe keeping, and make arrangements for service users to acknowledge in writing the return to them of any money or valuables so deposited;

(m) consult service users about their social interests, and make arrangements to enable them to engage in local, social and community activities and to visit, or maintain contact or communicate with, their families and friends;

(n) consult service users about the programme of activities arranged by or on behalf of the care home, and provide facilities for recreation including, having regard to the needs of service users, activities in relation to recreation, fitness and training.

(3) The registered person shall ensure that so far as practicable service users have the opportunity to attend religious services of their choice.

(4) In this regulation "food" includes drink.

Records

17. - (1) The registered person shall -

(a) maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 3 relating to the service user;

- (b) ensure that the record referred to in sub-paragraph (a) is kept securely in the care home.
- (2) The registered person shall maintain in the care home the records specified in Schedule 4.
- (3) The registered person shall ensure that the records referred to in paragraphs (1) and (2) -
 - (a) are kept up to date; and
 - (b) are at all times available for inspection in the care home by any person authorised by the Commission to enter and inspect the care home.
- (4) The records referred to in paragraphs (1) and (2) shall be retained for not less than three years from the date of the last entry.

Staffing

18. - (1) The registered person shall, having regard to the size of the care home, the statement of purpose and the number and needs of service users -

- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users;
- (b) ensure that the employment of any persons on a temporary basis at the care home will not prevent service users from receiving such continuity of care as is reasonable to meet their needs;
- (c) ensure that the persons employed by the registered person to work at the care home receive -
 - (i) training appropriate to the work they are to perform; and
 - (ii) suitable assistance, including time off, for the purpose of obtaining further qualifications appropriate to such work.
- (2) The registered person shall ensure that persons working at the care home are appropriately supervised.
- (3) Where the care home -
 - (a) provides nursing to service users; and
 - (b) provides, whether or not in connection with nursing, medicines or medical treatment to service users,

the registered person shall ensure that at all times a suitably qualified registered nurse is working at the care home.

- (4) The registered person shall make arrangements for providing persons who work at the care home with appropriate information about any code of practice published under section 62 of the

Act.

Fitness of workers

19. - (1) The registered person shall not employ a person to work at the care home unless -

- (a) the person is fit to work at the care home;
- (b) subject to paragraph (6), he has obtained in respect of that person the information and documents specified in -
 - (i) paragraphs 1 to 7 of Schedule 2;
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 5 of Schedule 2 in respect of that person.

(2) This paragraph applies to a person who is employed by a person ("the employer") other than the registered person.

(3) This paragraph applies to a position in which a person may in the course of his duties have regular contact with service users at the care home or with any other person of a description specified in section 3(2) of the Act.

(4) The registered person shall not allow a person to whom paragraph (2) applies to work at the care home in a position to which paragraph (3) applies, unless -

- (a) the person is fit to work at the care home;
- (b) the employer has obtained in respect of that person the information and documents specified in -
 - (i) paragraphs 1 to 7 of Schedule 2;

and has confirmed in writing to the registered person that he has done so; and

(c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 5 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.

(5) For the purposes of paragraphs (1) and (4), a person is not fit to work at a care home unless -

- (a) he is of integrity and good character;
- (b) he has qualifications suitable to the work that he is to perform, and the skills and experience necessary for such work;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform at the care home; and
- (d) full and satisfactory information is available in relation to him in respect of the following

matters -

- (i) each of the matters specified in paragraphs 1 to 6 of Schedule 2;
- (ii) except where paragraph (7) applies, each of the matters specified in paragraph 7 of that Schedule;
- (iii) where paragraph (7) applies, each of the matters specified in paragraph 8 of that Schedule.

(6) Paragraphs (1)(b) and (5)(d), in so far as they relate to paragraph 7 of Schedule 2, shall not apply until 1st April 2003 in respect of a person who immediately before 1st April 2002 is employed to work at the care home.

Restrictions on acting for service user

20. - (1) Subject to paragraph (2), the registered person shall not pay money belonging to any service user into a bank account unless -

- (a) the account is in the name of the service user, or any of the service users, to which the money belongs; and
- (b) the account is not used by the registered person in connection with the carrying on or management of the care home.

(2) Paragraph (1) does not apply to money which is paid to the registered person in respect of charges payable by a service user for accommodation or other services provided by the registered person at the care home.

(3) The registered person shall ensure so far as practicable that persons working at the care home do not act as the agent of a service user.

Staff views as to conduct of care home

21. - (1) This regulation applies to any matter relating to the conduct of the care home so far as it may affect the health or welfare of service users.

(2) The registered person shall make arrangements to enable staff to inform the registered person and the Commission of their views about any matter to which this regulation applies.

Complaints

22. - (1) The registered person shall establish a procedure ("the complaints procedure") for considering complaints made to the registered person by a service user or person acting on the service user's behalf.

(2) The complaints procedure shall be appropriate to the needs of service users.

(3) The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.

(4) The registered person shall, within 28 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken.

(5) The registered person shall supply a written copy of the complaints procedure to every service user and to any person acting on behalf of a service user if that person so requests.

(6) Where a written copy of the complaints procedure is to be supplied in accordance with paragraph (5) to a person who is blind or whose vision is impaired, the registered person shall so far as it is practicable to do so supply, in addition to the written copy, a copy of the complaints procedure in a form which is suitable for that person.

(7) The copy of the complaints procedure to be supplied in accordance with paragraphs (5) and (6) shall include -

(a) the name, address and telephone number of the Commission; and

(b) the procedure (if any) that has been notified by the Commission to the registered person for the making of complaints to the Commission relating to the care home.

(8) The registered person shall supply to the Commission at its request a statement containing a summary of the complaints made during the preceding twelve months and the action that was taken in response.

PART IV

PREMISES

Fitness of premises

23. - (1) Subject to regulation 4(3), the registered person shall not use premises for the purposes of a care home unless -

(a) the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose; and

(b) the location of the premises is appropriate to the needs of service users.

(2) The registered person shall having regard to the number and needs of the service users ensure that -

(a) the physical design and layout of the premises to be used as the care home meet the needs of the service users;

(b) the premises to be used as the care home are of sound construction and kept in a good state of repair externally and internally;

(c) equipment provided at the care home for use by service users or persons who work at the care home is maintained in good working order;

- (d) all parts of the care home are kept clean and reasonably decorated;
- (e) adequate private and communal accommodation is provided for service users;
- (f) the size and layout of rooms occupied or used by service users are suitable for their needs;
- (g) there is adequate sitting, recreational and dining space provided separately from the service user's private accommodation;
- (h) the communal space provided for service users is suitable for the provision of social, cultural and religious activities appropriate to the circumstances of service users;
- (i) suitable facilities are provided for service users to meet visitors in communal accommodation, and in private accommodation which is separate from the service users' own private rooms;
- (j) there are provided at appropriate places in the premises sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply;
- (k) any necessary sluicing facilities are provided;
- (l) suitable provision is made for storage for the purposes of the care home;
- (m) suitable storage facilities are provided for the use of service users;
- (n) suitable adaptations are made, and such support, equipment and facilities, including passenger lifts, as may be required are provided, for service users who are old, infirm or physically disabled;
- (o) external grounds which are suitable for, and safe for use by, service users are provided and appropriately maintained;
- (p) ventilation, heating and lighting suitable for service users is provided in all parts of the care home which are used by service users.

(3) The registered person shall provide for staff -

(a) suitable facilities and accommodation, other than sleeping accommodation, including -

(i) facilities for the purpose of changing;

(ii) storage facilities;

(b) sleeping accommodation where the provision of such accommodation is needed by staff in connection with their work at the care home.

(4) The registered person shall after consultation with the fire authority -

(a) take adequate precautions against the risk of fire, including the provision of suitable fire equipment;

(b) provide adequate means of escape;

(c) make adequate arrangements -

(i) for detecting, containing and extinguishing fires;

(ii) for giving warnings of fires;

(iii) for the evacuation, in the event of fire, of all persons in the care home and safe placement of service users;

(iv) for the maintenance of all fire equipment; and

(v) for reviewing fire precautions, and testing fire equipment, at suitable intervals;

(d) make arrangements for persons working at the care home to receive suitable training in fire prevention; and

(e) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the care home and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.

(5) The registered person shall undertake appropriate consultation with the authority responsible for environmental health for the area in which the care home is situated.

PART V

MANAGEMENT

Review of quality of care

24. - (1) The registered person shall establish and maintain a system for -

(a) reviewing at appropriate intervals; and

(b) improving,

the quality of care provided at the care home, including the quality of nursing where nursing is provided at the care home.

(2) The registered person shall supply to the Commission a report in respect of any review conducted by him for the purposes of paragraph (1), and make a copy of the report available to service users.

(3) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Financial position

25. - (1) The registered provider shall carry on the care home in such manner as is likely to ensure that the care home will be financially viable for the purpose of achieving the aims and objectives set out in the statement of purpose.

(2) The registered person shall, if the Commission so requests, provide the Commission with such information and documents as it may require for the purpose of considering the financial viability of the care home, including -

- (a) the annual accounts of the care home certified by an accountant;
- (b) a reference from a bank expressing an opinion as to the registered provider's financial standing;
- (c) information as to the financing and financial resources of the care home;
- (d) where the registered provider is a company, information as to any of its associated companies;
- (e) a certificate of insurance for the registered provider in respect of liability which may be incurred by him in relation to the care home in respect of death, injury, public liability, damage or other loss.

(3) The registered person shall -

- (a) ensure that adequate accounts are maintained in respect of the care home and kept up to date;
- (b) ensure that the accounts give details of the running costs of the care home, including rent, payments under a mortgage and expenditure on food, heating and salaries and wages of staff; and
- (c) supply a copy of the accounts to the Commission at its request.

(4) In this regulation a company is an associated company of another if one of them has control of the other or both are under the control of the same person.

Visits by registered provider

26. - (1) Where the registered provider is an individual, but not in day to day charge of the care home, he shall visit the care home in accordance with this regulation.

(2) Where the registered provider is an organisation or partnership, the care home shall be visited in accordance with this regulation by -

- (a) the responsible individual or one of the partners, as the case may be;
- (b) another of the directors or other persons responsible for the management of the organisation or partnership; or
- (c) an employee of the organisation or the partnership who is not directly concerned with the

conduct of the care home.

(3) Visits under paragraph (1) or (2) shall take place at least once a month and shall be unannounced.

(4) The person carrying out the visit shall -

(a) interview, with their consent and in private, such of the service users and their representatives and persons working at the care home as appears necessary in order to form an opinion of the standard of care provided in the care home;

(b) inspect the premises of the care home, its record of events and records of any complaints; and

(c) prepare a written report on the conduct of the care home.

(5) The registered provider shall supply a copy of the report required to be made under paragraph (4)(c) to -

(a) the Commission;

(b) the registered manager; and

(c) in the case of a visit under paragraph (2) -

(i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and

(ii) where the registered provider is a partnership, to each of the partners.

PART VI

CHILDREN

Application of this Part

27. The provisions of this Part shall apply where any child is accommodated in the care home.

Interpretation

28. In regulation 2, paragraph (1) shall have effect as if -

(a) at the end of the definition of "service user" there were added the words ", or any child who is accommodated in the care home";

(b) the following definitions were added at the appropriate places -

" "placement plan" has the meaning given to it in regulation 12 (child's placement plan) of the Children's Homes Regulations 2001[10];

"placing authority" has the meaning given to it in regulation 2(1) (interpretation) of the Children's Homes Regulations 2001;".

Statement of purpose

29. In regulation 4, paragraph (1) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) the information specified in Schedule 5."

Registered person

30. - (1) In regulation 7, paragraph (3) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) his skills and experience are suitable for the purpose of his working with children."

(2) In regulation 9, paragraph (2) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) his skills and experience are suitable for the purpose of his working with children and either -

(i) his qualifications are suitable for the purpose of his working with children;
or

(ii) another person has been appointed for the purpose of assisting him in the management of the care home, and the qualifications of the person so appointed are suitable for the purpose of his working with children."

(3) In regulation 10, paragraph (1) shall have effect as if for the words "and the number and needs of the service users," there were substituted the words "the number and needs of the service users and the need to safeguard and promote the welfare of children accommodated in the care home,".

Separate provision for children

31. - (1) Subject to paragraph (2), the registered person shall ensure that -

(a) the provision to be made for the care, treatment and supervision of children accommodated in the care home; and

(b) the provision of facilities and services to them,

shall, so far as it is practicable to do so, be made separately from other service users.

(2) Paragraph (1) shall not prevent the registered person from making provision jointly for children and other service users whose age does not significantly differ from those children.

Welfare and protection of children

32. - (1) Regulation 12 of these Regulations shall have effect as if, at the end of sub-paragraph (a) of paragraph (1) of that regulation there were added the words ", including provision for safeguarding the welfare of children accommodated in the care home".

(2) The provisions of regulations 12, 15 to 18, 23 and 30 of, and Schedule 5 to, the Children's Homes Regulations 2001 (child's placement plan; contact and access to communications; arrangements for the protection of children; behaviour management, discipline and restraint;

education, employment and leisure activity; hazards and safety; notifiable events) shall apply to the registered person as if -

(a) any reference to the registered person were to the registered person as defined in these Regulations;

(b) any reference to the children's home or the home were to the care home.

(3) Where the registered person notifies the Commission in accordance with regulation 30 of the Children's Homes Regulations 2001 of any of the following events, namely -

(a) serious illness or a serious accident sustained by a child accommodated at the care home;

(b) the outbreak of any infectious disease at the care home or involving children accommodated at the care home,

he will not be required to give separate notice of that event to the Commission under regulation 37 (notification of death, illness and other events) of these Regulations.

Fitness of workers

33. Regulation 19 shall have effect as if -

(a) in sub-paragraph (b) of paragraph (1) and sub-paragraph (b) of paragraph (4), for head (i) in each of those sub-paragraphs there were substituted the following head -

" (i) paragraphs 1 to 6 of Schedule 2 and in Schedule 6;"

(b) in sub-paragraph (d) of paragraph (5), for head (i) there were substituted the following head -

" (i) each of the matters specified in paragraphs 1 to 6 of Schedule 2 and in Schedule 6;"

(c) at the end of paragraph (5) there were added the following -

" and

(d) his qualifications, skills and experience are suitable for the purpose of working with children."

Staff disciplinary procedure

34. The registered person shall operate a staff disciplinary procedure which, in particular -

(a) provides for the suspension of an employee of his where necessary in the interests of the safety or welfare of children accommodated in the care home; and

(b) provides that the failure on the part of an employee of his to report an incident of abuse, or suspected abuse of a child accommodated in the care home to an appropriate person is a ground on which disciplinary proceedings may be instituted.

Review of quality of care

35. Regulation 24 shall have effect as if -

- (a) the system referred to in paragraph (1) of regulation 24 included monitoring at appropriate intervals the matters set out in Schedule 7;
- (b) in paragraph (2) of regulation 24, after the words "any review conducted by him" there were added the words ", or any matters monitored";
- (c) in paragraph (3) of regulation 24, for the words "and their representatives" there were substituted the words ", their representatives, the parents of the children accommodated at the care home and, in relation to those children, the placing authorities".

Offences

36. Regulation 43 shall have effect as if for paragraph (1) there were substituted the following paragraph -

" (1) A contravention or failure to comply with any of the following provisions shall be an offence -

- (a) regulations 4, 5, 11, 12(1) to (4), 13(1) to (4) and (6) to (8), 14, 15, 16(1), (2)(a) to (j) and (l) to (n) and (3), 17 to 26 and 37 to 40, to the extent that those regulations have effect subject to Part VI of these Regulations;
- (b) regulations 31 and 34; and
- (c) the provisions referred to in paragraph (2) of regulation 32, to the extent that they apply to the registered person by virtue of that paragraph."

PART VII

MISCELLANEOUS

Notification of death, illness and other events

37. - (1) The registered person shall give notice to the Commission without delay of the occurrence of -

- (a) the death of any service user, including the circumstances of his death;
- (b) the outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified;
- (c) any serious injury to a service user;
- (d) serious illness of a service user at a care home at which nursing is not provided;

(e) any event in the care home which adversely affects the well-being or safety of any service user;

(f) any theft, burglary or accident in the care home;

(g) any allegation of misconduct by the registered person or any person who works at the care home.

(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing.

Notice of absence

38. - (1) Where -

(a) the registered provider, if he is an individual; or

(b) the registered manager,

proposes to be absent from the care home for a continuous period of 28 days or more, the registered person shall give notice in writing to the Commission of the proposed absence.

(2) Except in the case of an emergency, the notice referred to in paragraph (1) above shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Commission and the notice shall specify -

(a) the length or expected length of the absence;

(b) the reason for the absence;

(c) the arrangements which have been made for the running of the care home during that absence;

(d) the name, address and qualifications of the person who will be responsible for the care home during that absence; and

(e) in the case of the absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the care home during that absence, including the proposed date by which the appointment is to be made.

(3) Where the absence arises as a result of an emergency, the registered person shall give notice of the absence within one week of its occurrence specifying the matters mentioned in sub-paragraphs (a) to (e) of paragraph (2).

(4) Where -

(a) the registered provider, if he is an individual; or

(b) the registered manager,

has been absent from the care home for a continuous period of 28 days or more, and the Commission has not been given notice of the absence, the registered person shall without delay give notice in writing to the Commission of the absence, specifying the matters mentioned in sub-paragraphs (a) to (e) of paragraph (2).

(5) The registered person shall notify the Commission of the return to duty of the registered provider or (as the case may be) the registered manager not later than 7 days after the date of his return.

Notice of changes

39. The registered person shall give notice in writing to the Commission as soon as it is practicable to do so if any of the following events takes place or is proposed to take place -

- (a) a person other than the registered person carries on or manages the care home;
- (b) a person ceases to carry on or manage the care home;
- (c) where the registered person is an individual, he changes his name;
- (d) where the registered provider is a partnership, there is any change in the membership of the partnership;
- (e) where the registered provider is an organisation -
 - (i) the name or address of the organisation is changed;
 - (ii) there is any change of director, manager, secretary or other similar officer of the organisation;
 - (iii) there is to be any change of responsible individual;
- (f) where the registered provider is an individual, a trustee in bankruptcy is appointed;
- (g) where the registered provider is a company or partnership, a receiver, manager, liquidator or provisional liquidator is appointed; or
- (h) the premises of the care home are significantly altered or extended, or additional premises are acquired.

Notice of termination of accommodation

40. - (1) Subject to paragraph (2), the registered person shall not terminate the arrangements for the accommodation of a service user unless he has given reasonable notice of his intention to do so to -

- (a) the service user;
- (b) the person who appears to be the service user's next of kin; and
- (c) where a local authority has made arrangements for the provision of accommodation,

nursing or personal care to the service user at the care home, that authority.

(2) If it is impracticable for the registered person to comply with the requirement in paragraph (1) -

(a) he shall do so as soon as it is practicable to do so; and

(b) he shall provide to the Commission a statement as to the circumstances which made it impracticable for him to comply with the requirement.

Appointment of liquidators etc.

41. - (1) Any person to whom paragraph (2) applies must -

(a) forthwith notify the Commission of his appointment, indicating the reasons for it;

(b) appoint a manager to take full-time day to day charge of the care home in any case where there is no registered manager; and

(c) within 28 days of his appointment notify the Commission of his intentions regarding the future operation of the care home.

(2) This paragraph applies to any person appointed as -

(a) the receiver or manager of the property of a company or partnership which is a registered provider in respect of a care home;

(b) a liquidator or provisional liquidator of a company which is a registered provider of a care home; or

(c) the trustee in bankruptcy of a registered provider of a care home.

Death of registered person

42. - (1) If more than one person is registered in respect of a care home, and a registered person dies, the surviving registered person shall without delay notify the Commission of the death in writing.

(2) If only one person is registered in respect of a care home, and he dies, his personal representatives shall notify the Commission in writing -

(a) without delay of the death; and

(b) within 28 days of their intentions regarding the future running of the home.

(3) The personal representatives of the deceased registered provider may carry on the care home without being registered in respect of it -

(a) for a period not exceeding 28 days; and

(b) for any further period as may be determined in accordance with paragraph (4).

(4) The Commission may extend the period specified in paragraph (3)(a) by such further period, not exceeding one year, as the Commission shall determine, and shall notify any such determination to the personal representatives in writing.

(5) The personal representatives shall appoint a person to take full-time day to day charge of the home during any period in which, in accordance with paragraph (3), they carry on the care home without being registered in respect of it.

Offences

43. - (1) A contravention or failure to comply with any of the provisions of regulations 4, 5, 11, 12(1) to (4), 13(1) to (4) and (6) to (8), 14, 15, 16(1), (2)(a) to (j) and (1) to (n) and (3), 17 to 26 and 37 to 40, shall be an offence.

(2) The Commission shall not bring proceedings against a person in respect of any contravention or failure to comply with those regulations unless -

(a) subject to paragraph (4), he is a registered person;

(b) notice has been given to him in accordance with paragraph (3);

(c) the period specified in the notice, within which the registered person may make representations to the Commission, has expired; and

(d) in a case where, in accordance with paragraph (3)(b), the notice specifies any action that is to be taken within a specified period, the period has expired and the action has not been taken within that period.

(3) Where the Commission considers that the registered person has contravened or failed to comply with any of the provisions of the regulations mentioned in paragraph (1), it may serve a notice on the registered person specifying -

(a) in what respect in its opinion the registered person has contravened or is contravening any of the regulations, or has failed or is failing to comply with the requirements of any of the regulations;

(b) where it is practicable for the registered person to take action for the purpose of complying with any of those regulations, the action which, in the opinion of the Commission, the registered person should take for that purpose;

(c) the period, not exceeding three months, within which the registered person should take any action specified in accordance with sub-paragraph (b);

(d) the period, not exceeding one month, within which the registered person may make representations to the Commission about the notice.

(4) The Commission may bring proceedings against a person who was once, but no longer is, a registered person, in respect of a failure to comply with regulation 17 and for this purpose, references in paragraphs (2) and (3) to a registered person shall be taken to include such a

person.

Compliance with regulations

44. Where there is more than one registered person in respect of a care home, anything which is required under these regulations to be done by the registered person shall, if done by one of the registered persons, not be required to be done by any of the other registered persons.

Adult placements

45. - (1) For the purposes of this regulation and regulation 46, a registered provider is an adult placement carer in respect of a care home if -

- (a) he is the registered provider in respect of, and manages, the care home;
- (b) no person other than the registered provider manages the care home;
- (c) the care home is, or forms part of -
 - (i) the registered provider's home; or
 - (ii) if the registered provider has more than one home, the home where he ordinarily resides;
- (d) no more than three service users are accommodated in the care home;
- (e) a placement agreement has been made in respect of each of the service users;
- (f) each service user is over the age of 18.

(2) In this regulation, "placement agreement" means an agreement that -

- (a) has been made between -
 - (i) the registered provider;
 - (ii) the service user;
 - (iii) the local authority or other body which manages a scheme ("adult placement scheme") under which it has arranged or proposes to arrange for the service user to be accommodated in a care home;
- (b) makes provision for the following matters -
 - (i) the aims of the arrangements under which the service user is accommodated in the care home;
 - (ii) the room to be occupied by the service user;
 - (iii) the services to be provided to the service user;

- (iv) the fees to be charged;
- (v) the qualifications and experience of the registered provider;
- (vi) the terms and conditions in respect of the accommodation and services to be provided;
- (vii) services and assistance to be provided under the adult placement scheme under which the accommodation is or has been arranged.

Modification of regulations in respect of adult placement carers

46. - (1) The following provisions of this regulation shall apply where the registered provider is an adult placement carer in respect of a care home.

(2) Regulations 4, 8, 18, 19, 21, 24, 26 to 36 and 41 (statement of purpose; appointment of manager; staffing; fitness of workers; staff views as to conduct of care home; review of quality of care home; visits by registered provider; children; appointment of liquidators etc.) and Schedules 1 and 5 to 7 (information to be included in the statement of purpose; additional information to be included in the statement of purpose where children are accommodated; additional information and documents to be obtained in respect of persons working at a care home where children are accommodated; and matters to be monitored at a care home where children are accommodated) shall not apply.

(3) Regulation 5 (service user's guide) shall have effect as if sub-paragraph (a) of paragraph (1) of that regulation were omitted.

(4) Regulation 6 (review of statement of purpose and service user's guide) shall have effect as if in paragraph (a) of that regulation the words "the statement of purpose and" were omitted.

(5) Regulation 16 (facilities and services) shall have effect as if in sub-paragraph (j) of paragraph (2) of that regulation the words "after consultation with the environmental health authority" were omitted.

(6) Regulation 23 (fitness of premises) shall have effect as if sub-paragraphs (a), (f), (g), (h), (j), (k) and (n) of paragraph (2) and paragraphs (3) to (5) of that regulation were omitted.

(7) Regulation 25 (financial position) shall have effect as if -

- (a) paragraph (1) of that regulation were omitted;
- (b) in paragraph (2) of that regulation, sub-paragraphs (a) to (d) were omitted;
- (c) paragraphs (3) and (4) of that regulation were omitted.

(8) Schedule 3 (records to be kept in a care home in respect of each service user) shall have effect as if sub-paragraph (j) of paragraph 3 of that Schedule were omitted.

(9) Schedule 4 (other records to be kept in a care home) shall have effect as if paragraphs 1, 3, 5, 6, 7 and 12 to 16 of that Schedule were omitted.

Signed by authority of the Secretary of State for Health

Jacqui Smith

Minister of State, Department of Health

11th December 2001

SCHEDULE 1

Regulation 4(1)(c)

INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE

1. The name and address of the registered provider and of any registered manager.
2. The relevant qualifications and experience of the registered provider and any registered manager.
3. The number, relevant qualifications and experience of the staff working at the care home.
4. The organisational structure of the care home.
5. The age-range and sex of the service users for whom it is intended that accommodation should be provided.
6. The range of needs that the care home is intended to meet.
7. Whether nursing is to be provided.
8. Any criteria used for admission to the care home, including the care home's policy and procedures (if any) for emergency admissions.
9. The arrangements for service users to engage in social activities, hobbies and leisure interests.
10. The arrangements made for consultation with service users about the operation of the care home.
11. The fire precautions and associated emergency procedures in the care home.
12. The arrangements made for service users to attend religious services of their choice.
13. The arrangements made for contact between service users and their relatives, friends and representatives.
14. The arrangements made for dealing with complaints.
15. The arrangements made for dealing with reviews of the service user's plan referred to in regulation 15(1).
16. The number and size of rooms in the care home.
17. Details of any specific therapeutic techniques used in the care home and arrangements made for their supervision.
18. The arrangements made for respecting the privacy and dignity of service users.

SCHEDULE 2

Regulation 7, 9, 19

INFORMATION AND DOCUMENTS IN RESPECT OF PERSONS CARRYING ON, MANAGING OR WORKING AT A CARE HOME

1. Proof of the person's identity, including a recent photograph.
2. The person's birth certificate.
3. The person's current passport (if any).
4. Documentary evidence of any relevant qualifications of the person.
5. Two written references relating to the person.
6. Evidence that the person is physically and mentally fit for the purposes of the work which he is to perform at the care home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he is so fit.
7. Either -
 - (a) where the certificate is required for a purpose relating to section 115(5)(ea) of the Police Act 1997 (registration under Part II of the Care Standards Act 2000)[11], or the position falls within section 115(3) or (4) of that Act[12], an enhanced criminal record certificate issued under section 115 of that Act; or
 - (b) in any other case, a criminal record certificate issued under section 113 of that Act,including, where applicable, the matters specified in section 113(3A) and 115(6A) of that Act and the following provisions once they are in force, namely section 113(3C)(a) and (b) and section 115(6B)(a) and (b) of that Act[13].

SCHEDULE 3

Regulation 17(1)(a)

RECORDS TO BE KEPT IN A CARE HOME IN RESPECT OF EACH SERVICE USER

1. The following documents in respect of each service user -
 - (a) the assessment referred to in regulation 14(1);
 - (b) the service user's plan referred to in regulation 15(1).
2. A photograph of the service user.
3. A record of the following matters in respect of each service user -
 - (a) the name, address, date of birth and marital status of each service user;
 - (b) the name, address and telephone number of the service user's next of kin or of any person authorised to act on his behalf;
 - (c) the name, address and telephone number of the service user's general practitioner and of any officer of a local social services authority whose duty it is to supervise the welfare of the service user;
 - (d) the date on which the service user entered the care home;
 - (e) the date on which the service user left the care home;
 - (f) if the service user is transferred to another care home or to a hospital, the name of the care home or hospital and the date on which the service user is transferred;
 - (g) if the service user died at the care home, the date, time and cause of death;
 - (h) the name and address of any authority, organisation or other body, which arranged the service user's admission to the care home;
 - (i) a record of all medicines kept in the care home for the service user, and the date on which they were administered to the service user;
 - (j) a record of any accident affecting the service user in the care home and of any other incident in the care home which is detrimental to the health or welfare of the service user, which record shall include the nature, date and time of the accident or incident, whether medical treatment was required and the name of the persons who were respectively in charge of the care home and supervising the service user;
 - (k) a record of any nursing provided to the service user, including a record of his condition and any treatment or surgical intervention;
 - (l) details of any specialist communications needs of the service user and methods of communication that may be appropriate to the service user;

(m) details of any plan relating to the service user in respect of medication, nursing, specialist health care or nutrition;

(n) a record of incidence of pressure sores and of treatment provided to the service user;

(o) a record of falls and of treatment provided to the service user;

(p) a record of any physical restraint used on the service user;

(q) a record of any limitations agreed with the service user as to the service user's freedom of choice, liberty of movement and power to make decisions.

4. A copy of correspondence relating to each service user.

SCHEDULE 4

Regulation 17(2)

OTHER RECORDS TO BE KEPT IN A CARE HOME

1. A copy of the statement of purpose.
2. A copy of the service user's guide.
3. A record of all accounts kept in the care home.
4. A copy of all inspection reports.
5. A copy of any report made under regulation 26(4)(c).
6. A record of all persons employed at the care home, including in respect of each person so employed -
 - (a) his full name, address, date of birth, qualifications and experience;
 - (b) a copy of his birth certificate and passport;
 - (c) a copy of each reference obtained in respect of him;
 - (d) the dates on which he commences and ceases to be so employed;
 - (e) the position he holds at the care home, the work that he performs and the number of hours for which he is employed each week;
 - (f) correspondence, reports, records of disciplinary action and any other records in relation to his employment.
7. A copy of the duty roster of persons working at the care home, and a record of whether the roster was actually worked.
8. A record of the care home's charges to service users, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each service user.
9. A record of all money or other valuables deposited by a service user for safekeeping or received on the service user's behalf, which -
 - (a) shall state the date on which the money or valuables were deposited or received, the date on which any money or valuables were returned to a service user or used, at the request of the service user, on his behalf and, where applicable, the purpose for which the money or valuables were used; and
 - (b) shall include the written acknowledgement of the return of the money or valuables.
10. A record of furniture brought by a service user into the room occupied by him.

11. A record of all complaints made by service users or representatives or relatives of service users or by persons working at the care home about the operation of the care home, and the action taken by the registered person in respect of any such complaint.

12. A record of any of the following events that occur in the care home -

(a) any accident;

(b) any incident which is detrimental to the health or welfare of a service user, including the outbreak of infectious disease in the care home;

(c) any injury or illness;

(d) any fire;

(e) except where a record to which paragraph 14 refers is to be made, any occasion on which the fire alarm equipment is operated;

(f) any theft or burglary.

13. Records of the food provided for service users in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual service users.

14. A record of every fire practice, drill or test of fire equipment (including fire alarm equipment) conducted in the care home and of any action taken to remedy defects in the fire equipment.

15. A statement of the procedure to be followed in the event of a fire, or where a fire alarm is given.

16. A statement of the procedure to be followed in the event of accidents or in the event of a service user becoming missing.

17. A record of all visitors to the care home, including the names of visitors.

SCHEDULE 5

Regulations 4 and 29

ADDITIONAL INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE WHERE CHILDREN ARE ACCOMMODATED

- 1.** The following details about the children for whom it is intended that accommodation should be provided -
 - (a) their age-range;
 - (b) their sex;
 - (c) the number of children;
 - (d) whether they are disabled, have special needs or any other special characteristics; and
 - (e) the range of needs that the care home is intended to meet.
- 2.** Any criteria used for admission to the care home, including the care home's policy and procedures for emergency admissions, if applicable.
- 3.** If the care home provides or is intended to provide accommodation for more than six children, a description of the positive outcomes intended for children in a care home of such a size, and of the care home's strategy for counteracting any adverse effects arising from its size, on the children accommodated there.
- 4.** A description of the care home's underlying ethos and philosophy, and where this is based on any theoretical or therapeutic model, a description of that model.
- 5.** The facilities and services to be provided or made available, within and outside the care home, for the children accommodated there.
- 6.** The arrangements made to protect and promote the health of the children accommodated there.
- 7.** The arrangements for the promotion of the education of the children accommodated there, including the facilities for private study.
- 8.** The arrangements to promote children's participation in hobbies and recreational, sporting and cultural activities.
- 9.** The arrangements made for consultation with the children accommodated there about the operation of the care home.
- 10.** The policy on behaviour management and the use of restraint in the care home, including in particular the methods of control and discipline and the disciplinary measures which may be used, the circumstances in which any such measures will be used and who will be permitted to use and authorise them.
- 11.** The arrangements for child protection and to counter bullying.

- 12.** The fire precautions and associated emergency procedures in the care home.
- 13.** The arrangements made for the children's religious instruction and observance.
- 14.** The arrangements made for contact between a child accommodated there and his parents, relatives and friends.
- 15.** The procedure for dealing with any unauthorised absence of a child from the care home.
- 16.** The arrangements for dealing with complaints.
- 17.** The arrangements for dealing with reviews of the placement plans of children accommodated there.
- 18.** The type of accommodation and sleeping arrangements provided, and, where applicable, how children are to be grouped, and in what circumstances they are to share bedrooms.
- 19.** Details of any specific therapeutic techniques used in the care home and arrangements for their supervision.
- 20.** A description of the care home's policy on anti-discriminatory practice in relation to children and children's rights.

SCHEDULE 6

Regulations 19 and 33(b)

ADDITIONAL INFORMATION AND DOCUMENTS TO BE OBTAINED IN RESPECT OF PERSONS WORKING AT A CARE HOME WHERE CHILDREN ARE ACCOMMODATED

1. Two written references, including a reference from the last employer.
2. Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonably practicable, verification of the reason why the employment or position ended.
3. A full employment history, together with a satisfactory written explanation of any gaps in employment.

SCHEDULE 7

Regulations 24 and 35(a)

MATTERS TO BE MONITORED AT A CARE HOME WHERE CHILDREN ARE ACCOMMODATED

1. Compliance with any plan for the care of the child prepared by the placing authority and the placement plan of each child accommodated in the care home.
 2. The deposit and issue of money and other valuables handed in for safekeeping.
 3. Daily menus.
 4. All accidents and injuries sustained in the care home or by children accommodated there.
 5. Any illnesses of children accommodated in the care home.
 6. Complaints in relation to children accommodated in the care home and their outcomes.
 7. Any allegations or suspicions of abuse in respect of children accommodated in the care home and the outcome of any investigation.
 8. Staff recruitment records and conduct of required checks for new workers in the care home.
 9. Visitors to the care home and to children in the care home.
 10. Notifications of the events listed in Schedule 5 to the Children's Homes Regulations 2001.
 11. Any unauthorised absence from the care home of a child accommodated there.
 12. The use of disciplinary measures in respect of children accommodated in the care home.
 13. The use of physical restraint in respect of children accommodated in the care home.
-

EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Care Standards Act 2000 ("the Act") and apply to England only. Part I of the Act establishes, in relation to England, the National Care Standards Commission ("the Commission") and Part II provides for the registration and inspection of establishments and agencies, including care homes, by the Commission. It also provides powers for regulations governing the conduct of establishments and agencies. The majority of Parts I and II of the Act (in so far as not already in force) will be brought into force on 1 April 2002.

These new arrangements replace the regulatory system provided for in relation to residential care homes and nursing homes by the Registered Homes Act 1984.

Regulation 3 excludes from the definition of a care home under section 3 of the Act certain NHS hospitals and establishments providing nursing, universities, schools and certain further education institutions.

Under regulations 4 and 5, each home must have a statement of purpose consisting of the matters set out in Schedule 1, and supply a guide to the home to each service user.

Regulations 7 to 10 make provision about the fitness of the persons carrying on and managing the home, and require satisfactory information to be available in relation to certain specified matters. Where an organisation carries on the home, it must nominate a responsible individual in respect of whom this information must be available (regulation 7). Regulation 8 prescribes the circumstances where a manager must be appointed for the home, and regulation 10 imposes general requirements in relation to the proper conduct of the home, and the need for appropriate training.

Part III makes provision about the conduct of care homes, in particular as to health and welfare of service users, and as to the facilities and services that are to be provided. Provision is also made about record keeping, the staffing of homes, the fitness of workers, and about complaints.

Part IV makes provision about the suitability of premises and fire precautions to be taken. Part V deals with the management of care homes. Regulation 24 requires the registered person to establish a system for reviewing and improving the quality of care provided by the home. Regulation 25 imposes requirements relating to the home's financial position. Regulation 26 requires the registered provider to visit the home as prescribed. Part VI makes special provision which applies where children are accommodated at the home.

Part VII deals with miscellaneous matters including the giving of notices to the Commission. Regulation 43 provides for offences. A breach of the regulations specified in regulation 43 may found an offence on the part of the registered person. However, no prosecution may be brought unless the Commission has first given the registered person a notice which sets out in what respect it is alleged he is not complying with a regulation, and what action the Commission considers it is necessary for him to take in order to comply. The notice must specify a time period for compliance, not exceeding three months.

Notes:

- [1] 2000 c. 14. The powers are exercisable by the appropriate Minister, who is defined in section 121(1), in relation to England, Scotland and Northern Ireland, as the Secretary of State. *See* section 121(1) for the definitions of "prescribed" and "regulations".[back](#)
- [2] *See* section 22(9) of the Care Standards Act 2000 for the requirement to consult.[back](#)
- [3] 10 & 11 Geo.6 c. 41.[back](#)
- [4] 1977 c. 49.[back](#)
- [5] 1997 c. 46.[back](#)
- [6] 1999 c. 8.[back](#)
- [7] 1977 c. 49.[back](#)
- [8] *See* section 5 of the National Health Service and Community Care Act 1990 (c. 19) as amended by paragraph 69 of Schedule 1 to the Health Authorities Act 1995 (c. 17) and section 13(1) of the Health Act 1999 (c. 8).[back](#)
- [9] 1992 c. 13.[back](#)
- [10] S.I. 2001/3967.[back](#)
- [11] 1997 c. 50. Section 115(5)(ea) was inserted by the Care Standards Act 2000, section 104, on a date to be appointed. Sections 113 and 115, as amended, have not yet been brought into force.[back](#)
- [12] A position is within section 115(3) if it involves regularly caring for, training, supervising or being in sole charge of persons aged under 18. A position is within section 115(4) if it is of a kind specified in regulations and involves regularly caring for, training, supervising or being in sole charge of persons aged 18 or over.[back](#)
- [13] Section 113(3A) and 115(6A) are added to the Police Act 1997 by section 8 of the Protection of Children Act 1999 (c. 14), and amended by sections 104 and 116 of, and paragraph 25 of Schedule 4 to, the Care Standards Act 2000. Sections 113(3C) and 115(6B) are added to the Police Act 1997 by section 90 of the Care Standards Act 2000 on a date to be appointed.[back](#)
- [14] 1974 c. 53.[back](#)
- [15] S.I. 1975/1023. Relevant amending instruments are S.I. 1986/1249, 1986/2268, 2001/1192.[back](#)
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ISBN 0 11 039231 0

Department of Health

Care Homes for Adults (18–65)

and

Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17

National Minimum Standards

Care Homes Regulations

February 2003

London: TSO



Published by TSO (The Stationery Office) and available from:

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First published 2002

Second edition 2003

ISBN 0 11 322608 X

Web Access

This document is available on the DoH internet website at:
<http://www.doh.gov.uk/ncsc>

Printed in the United Kingdom for the Stationery Office

National Minimum Standards for Care Homes for Adults (18–65) and Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17

A statement of national minimum standards published by the Secretary of State for Health under section 23(1) of the Care Standards Act 2000.

February 2003

An earlier version of this document was first published in December 2001 under the title:

**Care Homes for Younger Adults and Adult Placements
National Minimum Standards**

Care Homes Regulations

National Minimum Standards for Care Homes for Adults (18–65)

Note

This document contains a statement of national minimum standards published by the Secretary of State under section 23(1) of the Care Standards Act 2000. The statement is applicable to care homes (as defined by section 3 of that Act) which provide accommodation, together with nursing or personal care, for adults (aged 18 -65).

The statement includes the additional standards for children aged 16 or 17 who are service users in care homes.

The statement is accompanied, for explanatory purposes only, by an introduction to the statement as a whole, and a further introduction to each group of standards.

Each individual standard is numbered and consists of the numbered heading and numbered paragraphs. Each standard is, for explanatory purposes only, preceded by a title and an indication of the intended outcome in relation to that standard.

Department of Health

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General Introduction

This document contains the Care Homes Regulations, National Minimum Standards for Care Homes for Adults (18–65) and Supplementary Standards for children aged 16 and 17 in Care Homes.

Together with the National Minimum Standards for Care Homes for Older People, these regulations and standards form the basis of the new regulatory framework under the Care Standards Act 2000 (CSA) for the conduct of care homes.

The regulations and standards included in this document have been drafted following consultation with service users, providers and regulators. They also take account of the outcome of the recent consultation on proposed amendments to certain environmental standards.

National Minimum Standards are issued by the Secretary of State for Health, but it is the responsibility of the National Care Standards Commission to apply them through regulation to the circumstances of individual establishments, agencies and institutions. The Commission will therefore advise on the standards' application in particular circumstances. Other queries – for example about the policies behind the standards – can be addressed to the Department of Health at this e-mail address: dhmail@doh.gsi.gov.uk.

Note: the Regulations printed here have been edited so as to incorporate amendments made by S.I. 2002 No. 865.

STATUTORY INSTRUMENTS

2001 No. 3965

**SOCIAL CARE, ENGLAND
CHILDREN AND YOUNG PERSONS, ENGLAND**

The Care Homes Regulations 2001

<i>Made</i>	<i>11th December 2001</i>
<i>Laid before Parliament</i>	<i>12th December 2001</i>
<i>Coming into force</i>	<i>1st April 2002</i>

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- 1. Information to be included in the statement of purpose
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- children are accommodated
6. Additional information and documents to be obtained in respect of persons working at a care home where children are accommodated
 7. Matters to be monitored at a care home where children are accommodated

The Secretary of State, in exercise of the powers conferred upon him by sections 3(3), 22(1), (2)(a) to (d) and (f) to (j), (5), (7)(a) to (h), (j) and (l), 25(1), 34(1), 35 and 118(5) to (7) of the Care Standards Act 2000[1], and of all other powers enabling him in that behalf, having consulted such persons as he considers appropriate[2], hereby makes the following Regulations:

PART I

GENERAL

Citation, commencement and extent

1. - (1) These Regulations may be cited as the Care Homes Regulations 2001 and shall come into force on 1st April 2002.
- (2) These Regulations extend to England only.

Interpretation

2. - (1) In these Regulations -

"the Act" means the Care Standards Act 2000;

"environmental health authority" means the authority responsible for environmental health for the area in which the care home is situated;

"fire authority", in relation to a care home, means the authority discharging in the area in which the care home is situated the function of fire authority under the Fire Services Act 1947[3];

"general practitioner" means a registered medical practitioner who -

(a) provides general medical services under Part II of the National Health Service Act 1977[4];

(b) performs personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997[5]; or

(c) provides services which correspond to services provided under Part II of the National Health Service Act 1977, otherwise than in pursuance of that Act;

"health care professional" means a person who is registered as a member of any profession to which section 60(2) of the Health Act 1999[6] applies or who is clinical psychologist, child psychotherapist or speech therapist;

"inspection report" means a report prepared in relation to the care home under section 32(5) of the Act;

"organisation" means a body corporate or any unincorporated association other than a partnership;

"registered manager", in relation to a care home, means a person who is registered under Part II of the Act as the manager of the care home;

"registered person", in relation to a care home, means any person who is the registered provider or registered manager in respect of the care home;

"registered provider", in relation to a care home, means a person who is registered under Part II of the Act as a person carrying on the care home;

"relative", in relation to any person, means -

(a) the person's spouse;

(b) any parent, grandparent, child, grandchild, brother, sister, uncle, aunt, nephew or niece of his or his spouse;

(c) the spouse of any relative within sub-paragraph (b) of this definition,

and for the purpose of determining any such relationship a person's step-child shall be treated as his child, and references to "spouse" in relation to any person include a former spouse and a person who is living with the person as husband and wife;

"representative" means, in relation to a service user, a person, other than the registered person or a person employed at the care home, who with the service user's express or implied consent takes an interest in the service user's health and welfare;

"responsible individual" shall be construed in accordance with regulation 7(2)(c)(i);

"service user" means any person accommodated in the care home who is in need of nursing or personal care by reason of disability, infirmity, past or present illness, past or present mental disorder or past or present dependence on alcohol or drugs;

"service user's guide" means the written guide produced in accordance with regulation 5(1);

"service user's plan" means the written plan prepared in accordance with regulation 15(1);

"staff" means persons employed by the registered person to work at the care home but does not include a volunteer or a person employed under a contract for services;

"statement of purpose" means the written statement compiled in accordance with regulation 4(1).

(2) In these Regulations, unless the context otherwise requires, a reference -

(a) to a numbered regulation or Schedule is to the regulation in, or Schedule to, these Regulations bearing that number;

(b) in a regulation or Schedule to a numbered paragraph is to the paragraph in that regulation or Schedule bearing that number;

(c) in a paragraph to a lettered or numbered sub-paragraph is to the sub-paragraph in that paragraph bearing that letter or number.

(3) In these Regulations, references to employing a person include employing a person whether or not for payment and whether under a contract of service or a contract for services and allowing a person to work as a volunteer; and references to an employee or to a person being employed shall be construed accordingly.

Excepted establishments

3. - (1) For the purposes of the Act, an establishment is excepted from being a care home if -

(a) it is a health service hospital at which nursing is provided;

(b) it provides accommodation, together with nursing, and is vested -

(i) in the Secretary of State for the purposes of his functions under the National Health Service Act 1977[7]; or

(ii) in an NHS trust[8];

(c) it is a university;

(d) it is an institution within the further education sector as defined by section 91(3) of the Further and Higher Education Act 1992[9]; or

(e) it is a school.

(2) For the purposes of paragraph (1), "university" includes -

(a) any university college;

(b) any college, or institution in the nature of a college, of a university.

(3) The exception in paragraph (1)(d) does not apply if -

(a) the establishment provides accommodation together with nursing or personal care to any person; and

(b) the number of such persons is more than one tenth of the number of students to whom it provides both education and accommodation.

Statement of purpose

4. - (1) The registered person shall compile in relation to the care home a written statement (in these Regulations referred to as "the statement of purpose") which shall consist of -

(a) a statement of the aims and objectives of the care home;

(b) a statement as to the facilities and services which are to be provided by the registered person for service users; and

(c) a statement as to the matters listed in Schedule 1.

(2) The registered person shall supply a copy of the statement of purpose to the Commission and shall make a copy of it available on request for inspection by every service user and any representative of a service user.

(3) Nothing in regulation 16(1) or 23(1) shall require or authorise the registered person to contravene, or not to comply with -

- (a) any other provision of these Regulations; or
- (b) the conditions for the time being in force in relation to the registration of the registered person under Part II of the Act.

Service user's guide

5. - (1) The registered person shall produce a written guide to the care home (in these Regulations referred to as "the service user's guide") which shall include -

- (a) a summary of the statement of purpose;
- (b) the terms and conditions in respect of accommodation to be provided for service users, including as to the amount and method of payment of fees;
- (c) a standard form of contract for the provision of services and facilities by the registered provider to service users;
- (d) the most recent inspection report;
- (e) a summary of the complaints procedure established under regulation 22;
- (f) the address and telephone number of the Commission.

(2) The registered person shall supply a copy of the service user's guide to the Commission and each service user.

(3) Where a local authority has made arrangements for the provision of accommodation, nursing or personal care to the service user at the care home, the registered person shall supply to the service user a copy of the agreement specifying the arrangements made.

Review of statement of purpose and service user's guide

6. The registered person shall -

- (a) keep under review and, where appropriate, revise the statement of purpose and the service user's guide; and
- (b) notify the Commission and service users of any such revision within 28 days.

PART II

REGISTERED PERSONS

Fitness of registered provider

7. - (1) A person shall not carry on a care home unless he is fit to do so.

(2) A person is not fit to carry on a care home unless the person -

(a) is an individual who carries on the care home -

(i) otherwise than in partnership with others, and he satisfies the requirements set out in paragraph (3);

(ii) in partnership with others, and he and each of his partners satisfies the requirements set out in paragraph (3);

(b) is a partnership, and each of the partners satisfies the requirements set out in paragraph (3);

(c) is an organisation and -

(i) the organisation has given notice to the Commission of the name, address and position in the organisation of an individual (in these Regulations referred to as "the responsible individual") who is a director, manager, secretary or other officer of the organisation and is responsible for supervising the management of the care home; and

(ii) that individual satisfies the requirements set out in paragraph (3).

(3) The requirements are that -

(a) he is of integrity and good character; and

(b) he is physically and mentally fit to carry on the care home; and

(c) full and satisfactory information is available in relation to him in respect of the following matters -

(i) the matters specified in paragraphs 1 to 5 and 7 of Schedule 2;

(5) A person shall not carry on a care home if -

(a) he has been adjudged bankrupt or sequestration of his estate has been awarded and (in either case) he has not been discharged and the bankruptcy order has not been annulled or rescinded; or

(b) he has made a composition or arrangement with his creditors and has not been discharged in respect of it.

Appointment of manager

8. - (1) The registered provider shall appoint an individual to manage the care home where -

(a) there is no registered manager in respect of the care home; and

(b) the registered provider -

(i) is an organisation or partnership;

(ii) is not a fit person to manage a care home; or

(iii) is not, or does not intend to be, in full-time day to day charge of the care home.

(2) Where the registered provider appoints a person to manage the care home he shall forthwith give notice to the Commission of -

(a) the name of the person so appointed; and

(b) the date on which the appointment is to take effect.

Fitness of registered manager

9. - (1) A person shall not manage a care home unless he is fit to do so.

(2) A person is not fit to manage a care home unless -

(a) he is of integrity and good character;

(b) having regard to the size of the care home, the statement of purpose, and the number and needs of the service users -

(i) he has the qualifications, skills and experience necessary for managing the care home; and

(ii) he is physically and mentally fit to manage the care home; and

(c) full and satisfactory information is available in relation to him in respect of the following matters -

(i) the matters specified in paragraphs 1 to 5 and 7 of Schedule 2;

Registered person: general requirements

10. - (1) The registered provider and the registered manager shall, having regard to the size of the care home, the statement of purpose, and the number and needs of the service users, carry on or manage the care home (as the case may be) with sufficient care, competence and skill.

(2) If the registered provider is -

(a) an individual, he shall undertake;

(b) an organisation, it shall ensure that the responsible individual undertakes;

(c) a partnership, it shall ensure that one of the partners undertakes,

from time to time such training as is appropriate to ensure that he has the experience and skills necessary for carrying on the care home.

(3) The registered manager shall undertake from time to time such training as is appropriate to ensure that he has the experience and skills necessary for managing the care home.

Notification of offences

11. Where the registered person or the responsible individual is convicted of any criminal offence, whether in England and Wales or elsewhere, he shall forthwith give notice in writing to the Commission of -

- (a) the date and place of the conviction;
- (b) the offence of which he was convicted; and
- (c) the penalty imposed on him in respect of the offence.

PART III

CONDUCT OF CARE HOME

Health and welfare of service users

12. - (1) The registered person shall ensure that the care home is conducted so as -

- (a) to promote and make proper provision for the health and welfare of service users;
- (b) to make proper provision for the care and, where appropriate, treatment, education and supervision of service users.

(2) The registered person shall so far as practicable enable service users to make decisions with respect to the care they are to receive and their health and welfare.

(3) The registered person shall, for the purpose of providing care to service users, and making proper provision for their health and welfare, so far as practicable ascertain and take into account their wishes and feelings.

(4) The registered person shall make suitable arrangements to ensure that the care home is conducted -

- (a) in a manner which respects the privacy and dignity of service users;
- (b) with due regard to the sex, religious persuasion, racial origin, and cultural and linguistic background and any disability of service users.

(5) The registered provider and registered manager (if any) shall, in relation to the conduct of the care home -

- (a) maintain good personal and professional relationships with each other and with service users and staff; and
- (b) encourage and assist staff to maintain good personal and professional relationships with service users.

Further requirements as to health and welfare

13. - (1) The registered person shall make arrangements for service users -

- (a) to be registered with a general practitioner of their choice; and
- (b) to receive where necessary, treatment, advice and other services from any health care professional.

(2) The registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the care home.

(3) The registered person shall make suitable arrangements to prevent infection, toxic conditions and the spread of infection at the care home.

(4) The registered person shall ensure that -

- (a) all parts of the home to which service users have access are so far as reasonably practicable free from hazards to their safety;
- (b) any activities in which service users participate are so far as reasonably practicable free from avoidable risks; and
- (c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated,

and shall make suitable arrangements for the training of staff in first aid.

(5) The registered person shall make suitable arrangements to provide a safe system for moving and handling service users.

(6) The registered person shall make arrangements, by training staff or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.

(7) The registered person shall ensure that no service user is subject to physical restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.

(8) On any occasion on which a service user is subject to physical restraint, the registered person shall record the circumstances, including the nature of the restraint.

Assessment of service users

14. - (1) The registered person shall not provide accommodation to a service user at the care home unless, so far as it shall have been practicable to do so -

- (a) needs of the service user have been assessed by a suitably qualified or suitably trained person;
- (b) the registered person has obtained a copy of the assessment;

- (c) there has been appropriate consultation regarding the assessment with the service user or a representative of the service user;
 - (d) the registered person has confirmed in writing to the service user that having regard to the assessment the care home is suitable for the purpose of meeting the service user's needs in respect of his health and welfare.
- (2) The registered person shall ensure that the assessment of the service user's needs is -
- (a) kept under review; and
 - (b) revised at any time when it is necessary to do so having regard to any change of circumstances.

Service user's plan

- 15.** - (1) Unless it is impracticable to carry out such consultation, the registered person shall, after consultation with the service user, or a representative of his, prepare a written plan ("the service user's plan") as to how the service user's needs in respect of his health and welfare are to be met.
- (2) The registered person shall -
- (a) make the service user's plan available to the service user;
 - (b) keep the service user's plan under review;
 - (c) where appropriate and, unless it is impracticable to carry out such consultation, after consultation with the service user or a representative of his, revise the service user's plan; and
 - (d) notify the service user of any such revision.

Facilities and services

- 16.** - (1) Subject to regulation 4(3), the registered person shall provide facilities and services to service users in accordance with the statement required by regulation 4(1)(b) in respect of the care home.
- (2) The registered person shall having regard to the size of the care home and the number and needs of service users -
- (a) provide, so far as is necessary for the purpose of managing the care home -
 - (i) appropriate telephone facilities;
 - (ii) appropriate facilities for communication by facsimile transmission;
 - (b) provide telephone facilities which are suitable for the needs of service users, and make arrangements to enable service users to use such facilities in private;
 - (c) provide in rooms occupied by service users adequate furniture, bedding and other

furnishings, including curtains and floor coverings, and equipment suitable to the needs of service users and screens where necessary;

(d) permit service users, so far as it is practicable to do so, to bring their own furniture and furnishings into the rooms they occupy;

(e) arrange for the regular laundering of linen and clothing;

(f) so far as it is practicable to do so, provide adequate facilities for service users to wash, dry and iron their own clothes if they so wish and, for that purpose, to make arrangements for their clothes to be sorted and kept separately;

(g) provide sufficient and suitable kitchen equipment, crockery, cutlery and utensils, and adequate facilities for the preparation and storage of food;

(h) provide adequate facilities for service users to prepare their own food and ensure that such facilities are safe for use by service users;

(i) provide, in adequate quantities, suitable, wholesome and nutritious food which is varied and properly prepared and available at such time as may reasonably be required by service users;

(j) after consultation with the environmental health authority, make suitable arrangements for maintaining satisfactory standards of hygiene in the care home;

(k) keep the care home free from offensive odours and make suitable arrangements for the disposal of general and clinical waste;

(l) provide a place where the money and valuables of service users may be deposited for safe keeping, and make arrangements for service users to acknowledge in writing the return to them of any money or valuables so deposited;

(m) consult service users about their social interests, and make arrangements to enable them to engage in local, social and community activities and to visit, or maintain contact or communicate with, their families and friends;

(n) consult service users about the programme of activities arranged by or on behalf of the care home, and provide facilities for recreation including, having regard to the needs of service users, activities in relation to recreation, fitness and training.

(3) The registered person shall ensure that so far as practicable service users have the opportunity to attend religious services of their choice.

(4) In this regulation "food" includes drink.

Records

17. - (1) The registered person shall -

(a) maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 3 relating to the service user;

- (b) ensure that the record referred to in sub-paragraph (a) is kept securely in the care home.
- (2) The registered person shall maintain in the care home the records specified in Schedule 4.
- (3) The registered person shall ensure that the records referred to in paragraphs (1) and (2) -
 - (a) are kept up to date; and
 - (b) are at all times available for inspection in the care home by any person authorised by the Commission to enter and inspect the care home.
- (4) The records referred to in paragraphs (1) and (2) shall be retained for not less than three years from the date of the last entry.

Staffing

18. - (1) The registered person shall, having regard to the size of the care home, the statement of purpose and the number and needs of service users -

- (a) ensure that at all times suitably qualified, competent and experienced persons are working at the care home in such numbers as are appropriate for the health and welfare of service users;
- (b) ensure that the employment of any persons on a temporary basis at the care home will not prevent service users from receiving such continuity of care as is reasonable to meet their needs;
- (c) ensure that the persons employed by the registered person to work at the care home receive -
 - (i) training appropriate to the work they are to perform; and
 - (ii) suitable assistance, including time off, for the purpose of obtaining further qualifications appropriate to such work.
- (2) The registered person shall ensure that persons working at the care home are appropriately supervised.
- (3) Where the care home -
 - (a) provides nursing to service users; and
 - (b) provides, whether or not in connection with nursing, medicines or medical treatment to service users,

the registered person shall ensure that at all times a suitably qualified registered nurse is working at the care home.

- (4) The registered person shall make arrangements for providing persons who work at the care home with appropriate information about any code of practice published under section 62 of the

Act.

Fitness of workers

19. - (1) The registered person shall not employ a person to work at the care home unless -

- (a) the person is fit to work at the care home;
- (b) subject to paragraph (6), he has obtained in respect of that person the information and documents specified in -
 - (i) paragraphs 1 to 7 of Schedule 2;
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 5 of Schedule 2 in respect of that person.

(2) This paragraph applies to a person who is employed by a person ("the employer") other than the registered person.

(3) This paragraph applies to a position in which a person may in the course of his duties have regular contact with service users at the care home or with any other person of a description specified in section 3(2) of the Act.

(4) The registered person shall not allow a person to whom paragraph (2) applies to work at the care home in a position to which paragraph (3) applies, unless -

- (a) the person is fit to work at the care home;
- (b) the employer has obtained in respect of that person the information and documents specified in -
 - (i) paragraphs 1 to 7 of Schedule 2;

and has confirmed in writing to the registered person that he has done so; and

(c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 5 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.

(5) For the purposes of paragraphs (1) and (4), a person is not fit to work at a care home unless -

- (a) he is of integrity and good character;
- (b) he has qualifications suitable to the work that he is to perform, and the skills and experience necessary for such work;
- (c) he is physically and mentally fit for the purposes of the work which he is to perform at the care home; and
- (d) full and satisfactory information is available in relation to him in respect of the following

matters -

- (i) each of the matters specified in paragraphs 1 to 6 of Schedule 2;
- (ii) except where paragraph (7) applies, each of the matters specified in paragraph 7 of that Schedule;
- (iii) where paragraph (7) applies, each of the matters specified in paragraph 8 of that Schedule.

(6) Paragraphs (1)(b) and (5)(d), in so far as they relate to paragraph 7 of Schedule 2, shall not apply until 1st April 2003 in respect of a person who immediately before 1st April 2002 is employed to work at the care home.

Restrictions on acting for service user

20. - (1) Subject to paragraph (2), the registered person shall not pay money belonging to any service user into a bank account unless -

- (a) the account is in the name of the service user, or any of the service users, to which the money belongs; and
- (b) the account is not used by the registered person in connection with the carrying on or management of the care home.

(2) Paragraph (1) does not apply to money which is paid to the registered person in respect of charges payable by a service user for accommodation or other services provided by the registered person at the care home.

(3) The registered person shall ensure so far as practicable that persons working at the care home do not act as the agent of a service user.

Staff views as to conduct of care home

21. - (1) This regulation applies to any matter relating to the conduct of the care home so far as it may affect the health or welfare of service users.

(2) The registered person shall make arrangements to enable staff to inform the registered person and the Commission of their views about any matter to which this regulation applies.

Complaints

22. - (1) The registered person shall establish a procedure ("the complaints procedure") for considering complaints made to the registered person by a service user or person acting on the service user's behalf.

(2) The complaints procedure shall be appropriate to the needs of service users.

(3) The registered person shall ensure that any complaint made under the complaints procedure is fully investigated.

(4) The registered person shall, within 28 days after the date on which the complaint is made, or such shorter period as may be reasonable in the circumstances, inform the person who made the complaint of the action (if any) that is to be taken.

(5) The registered person shall supply a written copy of the complaints procedure to every service user and to any person acting on behalf of a service user if that person so requests.

(6) Where a written copy of the complaints procedure is to be supplied in accordance with paragraph (5) to a person who is blind or whose vision is impaired, the registered person shall so far as it is practicable to do so supply, in addition to the written copy, a copy of the complaints procedure in a form which is suitable for that person.

(7) The copy of the complaints procedure to be supplied in accordance with paragraphs (5) and (6) shall include -

(a) the name, address and telephone number of the Commission; and

(b) the procedure (if any) that has been notified by the Commission to the registered person for the making of complaints to the Commission relating to the care home.

(8) The registered person shall supply to the Commission at its request a statement containing a summary of the complaints made during the preceding twelve months and the action that was taken in response.

PART IV

PREMISES

Fitness of premises

23. - (1) Subject to regulation 4(3), the registered person shall not use premises for the purposes of a care home unless -

(a) the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose; and

(b) the location of the premises is appropriate to the needs of service users.

(2) The registered person shall having regard to the number and needs of the service users ensure that -

(a) the physical design and layout of the premises to be used as the care home meet the needs of the service users;

(b) the premises to be used as the care home are of sound construction and kept in a good state of repair externally and internally;

(c) equipment provided at the care home for use by service users or persons who work at the care home is maintained in good working order;

- (d) all parts of the care home are kept clean and reasonably decorated;
 - (e) adequate private and communal accommodation is provided for service users;
 - (f) the size and layout of rooms occupied or used by service users are suitable for their needs;
 - (g) there is adequate sitting, recreational and dining space provided separately from the service user's private accommodation;
 - (h) the communal space provided for service users is suitable for the provision of social, cultural and religious activities appropriate to the circumstances of service users;
 - (i) suitable facilities are provided for service users to meet visitors in communal accommodation, and in private accommodation which is separate from the service users' own private rooms;
 - (j) there are provided at appropriate places in the premises sufficient numbers of lavatories, and of wash-basins, baths and showers fitted with a hot and cold water supply;
 - (k) any necessary sluicing facilities are provided;
 - (l) suitable provision is made for storage for the purposes of the care home;
 - (m) suitable storage facilities are provided for the use of service users;
 - (n) suitable adaptations are made, and such support, equipment and facilities, including passenger lifts, as may be required are provided, for service users who are old, infirm or physically disabled;
 - (o) external grounds which are suitable for, and safe for use by, service users are provided and appropriately maintained;
 - (p) ventilation, heating and lighting suitable for service users is provided in all parts of the care home which are used by service users.
- (3) The registered person shall provide for staff -
- (a) suitable facilities and accommodation, other than sleeping accommodation, including -
 - (i) facilities for the purpose of changing;
 - (ii) storage facilities;
 - (b) sleeping accommodation where the provision of such accommodation is needed by staff in connection with their work at the care home.
- (4) The registered person shall after consultation with the fire authority -
- (a) take adequate precautions against the risk of fire, including the provision of suitable fire equipment;

(b) provide adequate means of escape;

(c) make adequate arrangements -

(i) for detecting, containing and extinguishing fires;

(ii) for giving warnings of fires;

(iii) for the evacuation, in the event of fire, of all persons in the care home and safe placement of service users;

(iv) for the maintenance of all fire equipment; and

(v) for reviewing fire precautions, and testing fire equipment, at suitable intervals;

(d) make arrangements for persons working at the care home to receive suitable training in fire prevention; and

(e) to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the care home and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.

(5) The registered person shall undertake appropriate consultation with the authority responsible for environmental health for the area in which the care home is situated.

PART V

MANAGEMENT

Review of quality of care

24. - (1) The registered person shall establish and maintain a system for -

(a) reviewing at appropriate intervals; and

(b) improving,

the quality of care provided at the care home, including the quality of nursing where nursing is provided at the care home.

(2) The registered person shall supply to the Commission a report in respect of any review conducted by him for the purposes of paragraph (1), and make a copy of the report available to service users.

(3) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Financial position

25. - (1) The registered provider shall carry on the care home in such manner as is likely to ensure that the care home will be financially viable for the purpose of achieving the aims and objectives set out in the statement of purpose.

(2) The registered person shall, if the Commission so requests, provide the Commission with such information and documents as it may require for the purpose of considering the financial viability of the care home, including -

- (a) the annual accounts of the care home certified by an accountant;
- (b) a reference from a bank expressing an opinion as to the registered provider's financial standing;
- (c) information as to the financing and financial resources of the care home;
- (d) where the registered provider is a company, information as to any of its associated companies;
- (e) a certificate of insurance for the registered provider in respect of liability which may be incurred by him in relation to the care home in respect of death, injury, public liability, damage or other loss.

(3) The registered person shall -

- (a) ensure that adequate accounts are maintained in respect of the care home and kept up to date;
- (b) ensure that the accounts give details of the running costs of the care home, including rent, payments under a mortgage and expenditure on food, heating and salaries and wages of staff; and
- (c) supply a copy of the accounts to the Commission at its request.

(4) In this regulation a company is an associated company of another if one of them has control of the other or both are under the control of the same person.

Visits by registered provider

26. - (1) Where the registered provider is an individual, but not in day to day charge of the care home, he shall visit the care home in accordance with this regulation.

(2) Where the registered provider is an organisation or partnership, the care home shall be visited in accordance with this regulation by -

- (a) the responsible individual or one of the partners, as the case may be;
- (b) another of the directors or other persons responsible for the management of the organisation or partnership; or
- (c) an employee of the organisation or the partnership who is not directly concerned with the

conduct of the care home.

(3) Visits under paragraph (1) or (2) shall take place at least once a month and shall be unannounced.

(4) The person carrying out the visit shall -

(a) interview, with their consent and in private, such of the service users and their representatives and persons working at the care home as appears necessary in order to form an opinion of the standard of care provided in the care home;

(b) inspect the premises of the care home, its record of events and records of any complaints; and

(c) prepare a written report on the conduct of the care home.

(5) The registered provider shall supply a copy of the report required to be made under paragraph (4)(c) to -

(a) the Commission;

(b) the registered manager; and

(c) in the case of a visit under paragraph (2) -

(i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and

(ii) where the registered provider is a partnership, to each of the partners.

PART VI

CHILDREN

Application of this Part

27. The provisions of this Part shall apply where any child is accommodated in the care home.

Interpretation

28. In regulation 2, paragraph (1) shall have effect as if -

(a) at the end of the definition of "service user" there were added the words ", or any child who is accommodated in the care home";

(b) the following definitions were added at the appropriate places -

" "placement plan" has the meaning given to it in regulation 12 (child's placement plan) of the Children's Homes Regulations 2001[10];

"placing authority" has the meaning given to it in regulation 2(1) (interpretation) of the Children's Homes Regulations 2001;".

Statement of purpose

29. In regulation 4, paragraph (1) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) the information specified in Schedule 5."

Registered person

30. - (1) In regulation 7, paragraph (3) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) his skills and experience are suitable for the purpose of his working with children."

(2) In regulation 9, paragraph (2) shall have effect as if at the end of that paragraph there were added the following -

" and
(d) his skills and experience are suitable for the purpose of his working with children and either -

(i) his qualifications are suitable for the purpose of his working with children;
or

(ii) another person has been appointed for the purpose of assisting him in the management of the care home, and the qualifications of the person so appointed are suitable for the purpose of his working with children."

(3) In regulation 10, paragraph (1) shall have effect as if for the words "and the number and needs of the service users," there were substituted the words "the number and needs of the service users and the need to safeguard and promote the welfare of children accommodated in the care home,".

Separate provision for children

31. - (1) Subject to paragraph (2), the registered person shall ensure that -

(a) the provision to be made for the care, treatment and supervision of children accommodated in the care home; and

(b) the provision of facilities and services to them,

shall, so far as it is practicable to do so, be made separately from other service users.

(2) Paragraph (1) shall not prevent the registered person from making provision jointly for children and other service users whose age does not significantly differ from those children.

Welfare and protection of children

32. - (1) Regulation 12 of these Regulations shall have effect as if, at the end of sub-paragraph (a) of paragraph (1) of that regulation there were added the words ", including provision for safeguarding the welfare of children accommodated in the care home".

(2) The provisions of regulations 12, 15 to 18, 23 and 30 of, and Schedule 5 to, the Children's Homes Regulations 2001 (child's placement plan; contact and access to communications; arrangements for the protection of children; behaviour management, discipline and restraint;

education, employment and leisure activity; hazards and safety; notifiable events) shall apply to the registered person as if -

(a) any reference to the registered person were to the registered person as defined in these Regulations;

(b) any reference to the children's home or the home were to the care home.

(3) Where the registered person notifies the Commission in accordance with regulation 30 of the Children's Homes Regulations 2001 of any of the following events, namely -

(a) serious illness or a serious accident sustained by a child accommodated at the care home;

(b) the outbreak of any infectious disease at the care home or involving children accommodated at the care home,

he will not be required to give separate notice of that event to the Commission under regulation 37 (notification of death, illness and other events) of these Regulations.

Fitness of workers

33. Regulation 19 shall have effect as if -

(a) in sub-paragraph (b) of paragraph (1) and sub-paragraph (b) of paragraph (4), for head (i) in each of those sub-paragraphs there were substituted the following head -

" (i) paragraphs 1 to 6 of Schedule 2 and in Schedule 6;"

(b) in sub-paragraph (d) of paragraph (5), for head (i) there were substituted the following head -

" (i) each of the matters specified in paragraphs 1 to 6 of Schedule 2 and in Schedule 6;"

(c) at the end of paragraph (5) there were added the following -

" and

(d) his qualifications, skills and experience are suitable for the purpose of working with children."

Staff disciplinary procedure

34. The registered person shall operate a staff disciplinary procedure which, in particular -

(a) provides for the suspension of an employee of his where necessary in the interests of the safety or welfare of children accommodated in the care home; and

(b) provides that the failure on the part of an employee of his to report an incident of abuse, or suspected abuse of a child accommodated in the care home to an appropriate person is a ground on which disciplinary proceedings may be instituted.

Review of quality of care

35. Regulation 24 shall have effect as if -

- (a) the system referred to in paragraph (1) of regulation 24 included monitoring at appropriate intervals the matters set out in Schedule 7;
- (b) in paragraph (2) of regulation 24, after the words "any review conducted by him" there were added the words ", or any matters monitored";
- (c) in paragraph (3) of regulation 24, for the words "and their representatives" there were substituted the words ", their representatives, the parents of the children accommodated at the care home and, in relation to those children, the placing authorities".

Offences

36. Regulation 43 shall have effect as if for paragraph (1) there were substituted the following paragraph -

" (1) A contravention or failure to comply with any of the following provisions shall be an offence -

- (a) regulations 4, 5, 11, 12(1) to (4), 13(1) to (4) and (6) to (8), 14, 15, 16(1), (2)(a) to (j) and (l) to (n) and (3), 17 to 26 and 37 to 40, to the extent that those regulations have effect subject to Part VI of these Regulations;
- (b) regulations 31 and 34; and
- (c) the provisions referred to in paragraph (2) of regulation 32, to the extent that they apply to the registered person by virtue of that paragraph."

PART VII

MISCELLANEOUS

Notification of death, illness and other events

37. - (1) The registered person shall give notice to the Commission without delay of the occurrence of -

- (a) the death of any service user, including the circumstances of his death;
- (b) the outbreak in the care home of any infectious disease which in the opinion of any registered medical practitioner attending persons in the care home is sufficiently serious to be so notified;
- (c) any serious injury to a service user;
- (d) serious illness of a service user at a care home at which nursing is not provided;

(e) any event in the care home which adversely affects the well-being or safety of any service user;

(f) any theft, burglary or accident in the care home;

(g) any allegation of misconduct by the registered person or any person who works at the care home.

(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing.

Notice of absence

38. - (1) Where -

(a) the registered provider, if he is an individual; or

(b) the registered manager,

proposes to be absent from the care home for a continuous period of 28 days or more, the registered person shall give notice in writing to the Commission of the proposed absence.

(2) Except in the case of an emergency, the notice referred to in paragraph (1) above shall be given no later than one month before the proposed absence commences or within such shorter period as may be agreed with the Commission and the notice shall specify -

(a) the length or expected length of the absence;

(b) the reason for the absence;

(c) the arrangements which have been made for the running of the care home during that absence;

(d) the name, address and qualifications of the person who will be responsible for the care home during that absence; and

(e) in the case of the absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the care home during that absence, including the proposed date by which the appointment is to be made.

(3) Where the absence arises as a result of an emergency, the registered person shall give notice of the absence within one week of its occurrence specifying the matters mentioned in sub-paragraphs (a) to (e) of paragraph (2).

(4) Where -

(a) the registered provider, if he is an individual; or

(b) the registered manager,

has been absent from the care home for a continuous period of 28 days or more, and the Commission has not been given notice of the absence, the registered person shall without delay give notice in writing to the Commission of the absence, specifying the matters mentioned in sub-paragraphs (a) to (e) of paragraph (2).

(5) The registered person shall notify the Commission of the return to duty of the registered provider or (as the case may be) the registered manager not later than 7 days after the date of his return.

Notice of changes

39. The registered person shall give notice in writing to the Commission as soon as it is practicable to do so if any of the following events takes place or is proposed to take place -

- (a) a person other than the registered person carries on or manages the care home;
- (b) a person ceases to carry on or manage the care home;
- (c) where the registered person is an individual, he changes his name;
- (d) where the registered provider is a partnership, there is any change in the membership of the partnership;
- (e) where the registered provider is an organisation -
 - (i) the name or address of the organisation is changed;
 - (ii) there is any change of director, manager, secretary or other similar officer of the organisation;
 - (iii) there is to be any change of responsible individual;
- (f) where the registered provider is an individual, a trustee in bankruptcy is appointed;
- (g) where the registered provider is a company or partnership, a receiver, manager, liquidator or provisional liquidator is appointed; or
- (h) the premises of the care home are significantly altered or extended, or additional premises are acquired.

Notice of termination of accommodation

40. - (1) Subject to paragraph (2), the registered person shall not terminate the arrangements for the accommodation of a service user unless he has given reasonable notice of his intention to do so to -

- (a) the service user;
- (b) the person who appears to be the service user's next of kin; and
- (c) where a local authority has made arrangements for the provision of accommodation,

nursing or personal care to the service user at the care home, that authority.

(2) If it is impracticable for the registered person to comply with the requirement in paragraph (1) -

(a) he shall do so as soon as it is practicable to do so; and

(b) he shall provide to the Commission a statement as to the circumstances which made it impracticable for him to comply with the requirement.

Appointment of liquidators etc.

41. - (1) Any person to whom paragraph (2) applies must -

(a) forthwith notify the Commission of his appointment, indicating the reasons for it;

(b) appoint a manager to take full-time day to day charge of the care home in any case where there is no registered manager; and

(c) within 28 days of his appointment notify the Commission of his intentions regarding the future operation of the care home.

(2) This paragraph applies to any person appointed as -

(a) the receiver or manager of the property of a company or partnership which is a registered provider in respect of a care home;

(b) a liquidator or provisional liquidator of a company which is a registered provider of a care home; or

(c) the trustee in bankruptcy of a registered provider of a care home.

Death of registered person

42. - (1) If more than one person is registered in respect of a care home, and a registered person dies, the surviving registered person shall without delay notify the Commission of the death in writing.

(2) If only one person is registered in respect of a care home, and he dies, his personal representatives shall notify the Commission in writing -

(a) without delay of the death; and

(b) within 28 days of their intentions regarding the future running of the home.

(3) The personal representatives of the deceased registered provider may carry on the care home without being registered in respect of it -

(a) for a period not exceeding 28 days; and

(b) for any further period as may be determined in accordance with paragraph (4).

(4) The Commission may extend the period specified in paragraph (3)(a) by such further period, not exceeding one year, as the Commission shall determine, and shall notify any such determination to the personal representatives in writing.

(5) The personal representatives shall appoint a person to take full-time day to day charge of the home during any period in which, in accordance with paragraph (3), they carry on the care home without being registered in respect of it.

Offences

43. - (1) A contravention or failure to comply with any of the provisions of regulations 4, 5, 11, 12(1) to (4), 13(1) to (4) and (6) to (8), 14, 15, 16(1), (2)(a) to (j) and (1) to (n) and (3), 17 to 26 and 37 to 40, shall be an offence.

(2) The Commission shall not bring proceedings against a person in respect of any contravention or failure to comply with those regulations unless -

(a) subject to paragraph (4), he is a registered person;

(b) notice has been given to him in accordance with paragraph (3);

(c) the period specified in the notice, within which the registered person may make representations to the Commission, has expired; and

(d) in a case where, in accordance with paragraph (3)(b), the notice specifies any action that is to be taken within a specified period, the period has expired and the action has not been taken within that period.

(3) Where the Commission considers that the registered person has contravened or failed to comply with any of the provisions of the regulations mentioned in paragraph (1), it may serve a notice on the registered person specifying -

(a) in what respect in its opinion the registered person has contravened or is contravening any of the regulations, or has failed or is failing to comply with the requirements of any of the regulations;

(b) where it is practicable for the registered person to take action for the purpose of complying with any of those regulations, the action which, in the opinion of the Commission, the registered person should take for that purpose;

(c) the period, not exceeding three months, within which the registered person should take any action specified in accordance with sub-paragraph (b);

(d) the period, not exceeding one month, within which the registered person may make representations to the Commission about the notice.

(4) The Commission may bring proceedings against a person who was once, but no longer is, a registered person, in respect of a failure to comply with regulation 17 and for this purpose, references in paragraphs (2) and (3) to a registered person shall be taken to include such a

person.

Compliance with regulations

44. Where there is more than one registered person in respect of a care home, anything which is required under these regulations to be done by the registered person shall, if done by one of the registered persons, not be required to be done by any of the other registered persons.

Adult placements

45. - (1) For the purposes of this regulation and regulation 46, a registered provider is an adult placement carer in respect of a care home if -

- (a) he is the registered provider in respect of, and manages, the care home;
- (b) no person other than the registered provider manages the care home;
- (c) the care home is, or forms part of -
 - (i) the registered provider's home; or
 - (ii) if the registered provider has more than one home, the home where he ordinarily resides;
- (d) no more than three service users are accommodated in the care home;
- (e) a placement agreement has been made in respect of each of the service users;
- (f) each service user is over the age of 18.

(2) In this regulation, "placement agreement" means an agreement that -

- (a) has been made between -
 - (i) the registered provider;
 - (ii) the service user;
 - (iii) the local authority or other body which manages a scheme ("adult placement scheme") under which it has arranged or proposes to arrange for the service user to be accommodated in a care home;
- (b) makes provision for the following matters -
 - (i) the aims of the arrangements under which the service user is accommodated in the care home;
 - (ii) the room to be occupied by the service user;
 - (iii) the services to be provided to the service user;

- (iv) the fees to be charged;
- (v) the qualifications and experience of the registered provider;
- (vi) the terms and conditions in respect of the accommodation and services to be provided;
- (vii) services and assistance to be provided under the adult placement scheme under which the accommodation is or has been arranged.

Modification of regulations in respect of adult placement carers

46. - (1) The following provisions of this regulation shall apply where the registered provider is an adult placement carer in respect of a care home.

(2) Regulations 4, 8, 18, 19, 21, 24, 26 to 36 and 41 (statement of purpose; appointment of manager; staffing; fitness of workers; staff views as to conduct of care home; review of quality of care home; visits by registered provider; children; appointment of liquidators etc.) and Schedules 1 and 5 to 7 (information to be included in the statement of purpose; additional information to be included in the statement of purpose where children are accommodated; additional information and documents to be obtained in respect of persons working at a care home where children are accommodated; and matters to be monitored at a care home where children are accommodated) shall not apply.

(3) Regulation 5 (service user's guide) shall have effect as if sub-paragraph (a) of paragraph (1) of that regulation were omitted.

(4) Regulation 6 (review of statement of purpose and service user's guide) shall have effect as if in paragraph (a) of that regulation the words "the statement of purpose and" were omitted.

(5) Regulation 16 (facilities and services) shall have effect as if in sub-paragraph (j) of paragraph (2) of that regulation the words "after consultation with the environmental health authority" were omitted.

(6) Regulation 23 (fitness of premises) shall have effect as if sub-paragraphs (a), (f), (g), (h), (j), (k) and (n) of paragraph (2) and paragraphs (3) to (5) of that regulation were omitted.

(7) Regulation 25 (financial position) shall have effect as if -

- (a) paragraph (1) of that regulation were omitted;
- (b) in paragraph (2) of that regulation, sub-paragraphs (a) to (d) were omitted;
- (c) paragraphs (3) and (4) of that regulation were omitted.

(8) Schedule 3 (records to be kept in a care home in respect of each service user) shall have effect as if sub-paragraph (j) of paragraph 3 of that Schedule were omitted.

(9) Schedule 4 (other records to be kept in a care home) shall have effect as if paragraphs 1, 3, 5, 6, 7 and 12 to 16 of that Schedule were omitted.

Signed by authority of the Secretary of State for Health

Jacqui Smith

Minister of State, Department of Health

11th December 2001

SCHEDULE 1

Regulation 4(1)(c)

INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE

1. The name and address of the registered provider and of any registered manager.
2. The relevant qualifications and experience of the registered provider and any registered manager.
3. The number, relevant qualifications and experience of the staff working at the care home.
4. The organisational structure of the care home.
5. The age-range and sex of the service users for whom it is intended that accommodation should be provided.
6. The range of needs that the care home is intended to meet.
7. Whether nursing is to be provided.
8. Any criteria used for admission to the care home, including the care home's policy and procedures (if any) for emergency admissions.
9. The arrangements for service users to engage in social activities, hobbies and leisure interests.
10. The arrangements made for consultation with service users about the operation of the care home.
11. The fire precautions and associated emergency procedures in the care home.
12. The arrangements made for service users to attend religious services of their choice.
13. The arrangements made for contact between service users and their relatives, friends and representatives.
14. The arrangements made for dealing with complaints.
15. The arrangements made for dealing with reviews of the service user's plan referred to in regulation 15(1).
16. The number and size of rooms in the care home.
17. Details of any specific therapeutic techniques used in the care home and arrangements made for their supervision.
18. The arrangements made for respecting the privacy and dignity of service users.

SCHEDULE 2

Regulation 7, 9, 19

INFORMATION AND DOCUMENTS IN RESPECT OF PERSONS CARRYING ON, MANAGING OR WORKING AT A CARE HOME

1. Proof of the person's identity, including a recent photograph.
2. The person's birth certificate.
3. The person's current passport (if any).
4. Documentary evidence of any relevant qualifications of the person.
5. Two written references relating to the person.
6. Evidence that the person is physically and mentally fit for the purposes of the work which he is to perform at the care home or, where it is impracticable for the person to obtain such evidence, a declaration signed by the person that he is so fit.
7. Either -
 - (a) where the certificate is required for a purpose relating to section 115(5)(ea) of the Police Act 1997 (registration under Part II of the Care Standards Act 2000)[11], or the position falls within section 115(3) or (4) of that Act[12], an enhanced criminal record certificate issued under section 115 of that Act; or
 - (b) in any other case, a criminal record certificate issued under section 113 of that Act,including, where applicable, the matters specified in section 113(3A) and 115(6A) of that Act and the following provisions once they are in force, namely section 113(3C)(a) and (b) and section 115(6B)(a) and (b) of that Act[13].

SCHEDULE 3

Regulation 17(1)(a)

RECORDS TO BE KEPT IN A CARE HOME IN RESPECT OF EACH SERVICE USER

1. The following documents in respect of each service user -
 - (a) the assessment referred to in regulation 14(1);
 - (b) the service user's plan referred to in regulation 15(1).
2. A photograph of the service user.
3. A record of the following matters in respect of each service user -
 - (a) the name, address, date of birth and marital status of each service user;
 - (b) the name, address and telephone number of the service user's next of kin or of any person authorised to act on his behalf;
 - (c) the name, address and telephone number of the service user's general practitioner and of any officer of a local social services authority whose duty it is to supervise the welfare of the service user;
 - (d) the date on which the service user entered the care home;
 - (e) the date on which the service user left the care home;
 - (f) if the service user is transferred to another care home or to a hospital, the name of the care home or hospital and the date on which the service user is transferred;
 - (g) if the service user died at the care home, the date, time and cause of death;
 - (h) the name and address of any authority, organisation or other body, which arranged the service user's admission to the care home;
 - (i) a record of all medicines kept in the care home for the service user, and the date on which they were administered to the service user;
 - (j) a record of any accident affecting the service user in the care home and of any other incident in the care home which is detrimental to the health or welfare of the service user, which record shall include the nature, date and time of the accident or incident, whether medical treatment was required and the name of the persons who were respectively in charge of the care home and supervising the service user;
 - (k) a record of any nursing provided to the service user, including a record of his condition and any treatment or surgical intervention;
 - (l) details of any specialist communications needs of the service user and methods of communication that may be appropriate to the service user;

(m) details of any plan relating to the service user in respect of medication, nursing, specialist health care or nutrition;

(n) a record of incidence of pressure sores and of treatment provided to the service user;

(o) a record of falls and of treatment provided to the service user;

(p) a record of any physical restraint used on the service user;

(q) a record of any limitations agreed with the service user as to the service user's freedom of choice, liberty of movement and power to make decisions.

4. A copy of correspondence relating to each service user.

SCHEDULE 4

Regulation 17(2)

OTHER RECORDS TO BE KEPT IN A CARE HOME

1. A copy of the statement of purpose.
2. A copy of the service user's guide.
3. A record of all accounts kept in the care home.
4. A copy of all inspection reports.
5. A copy of any report made under regulation 26(4)(c).
6. A record of all persons employed at the care home, including in respect of each person so employed -
 - (a) his full name, address, date of birth, qualifications and experience;
 - (b) a copy of his birth certificate and passport;
 - (c) a copy of each reference obtained in respect of him;
 - (d) the dates on which he commences and ceases to be so employed;
 - (e) the position he holds at the care home, the work that he performs and the number of hours for which he is employed each week;
 - (f) correspondence, reports, records of disciplinary action and any other records in relation to his employment.
7. A copy of the duty roster of persons working at the care home, and a record of whether the roster was actually worked.
8. A record of the care home's charges to service users, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each service user.
9. A record of all money or other valuables deposited by a service user for safekeeping or received on the service user's behalf, which -
 - (a) shall state the date on which the money or valuables were deposited or received, the date on which any money or valuables were returned to a service user or used, at the request of the service user, on his behalf and, where applicable, the purpose for which the money or valuables were used; and
 - (b) shall include the written acknowledgement of the return of the money or valuables.
10. A record of furniture brought by a service user into the room occupied by him.

11. A record of all complaints made by service users or representatives or relatives of service users or by persons working at the care home about the operation of the care home, and the action taken by the registered person in respect of any such complaint.

12. A record of any of the following events that occur in the care home -

(a) any accident;

(b) any incident which is detrimental to the health or welfare of a service user, including the outbreak of infectious disease in the care home;

(c) any injury or illness;

(d) any fire;

(e) except where a record to which paragraph 14 refers is to be made, any occasion on which the fire alarm equipment is operated;

(f) any theft or burglary.

13. Records of the food provided for service users in sufficient detail to enable any person inspecting the record to determine whether the diet is satisfactory, in relation to nutrition and otherwise, and of any special diets prepared for individual service users.

14. A record of every fire practice, drill or test of fire equipment (including fire alarm equipment) conducted in the care home and of any action taken to remedy defects in the fire equipment.

15. A statement of the procedure to be followed in the event of a fire, or where a fire alarm is given.

16. A statement of the procedure to be followed in the event of accidents or in the event of a service user becoming missing.

17. A record of all visitors to the care home, including the names of visitors.

SCHEDULE 5

Regulations 4 and 29

ADDITIONAL INFORMATION TO BE INCLUDED IN THE STATEMENT OF PURPOSE WHERE CHILDREN ARE ACCOMMODATED

- 1.** The following details about the children for whom it is intended that accommodation should be provided -
 - (a) their age-range;
 - (b) their sex;
 - (c) the number of children;
 - (d) whether they are disabled, have special needs or any other special characteristics; and
 - (e) the range of needs that the care home is intended to meet.
- 2.** Any criteria used for admission to the care home, including the care home's policy and procedures for emergency admissions, if applicable.
- 3.** If the care home provides or is intended to provide accommodation for more than six children, a description of the positive outcomes intended for children in a care home of such a size, and of the care home's strategy for counteracting any adverse effects arising from its size, on the children accommodated there.
- 4.** A description of the care home's underlying ethos and philosophy, and where this is based on any theoretical or therapeutic model, a description of that model.
- 5.** The facilities and services to be provided or made available, within and outside the care home, for the children accommodated there.
- 6.** The arrangements made to protect and promote the health of the children accommodated there.
- 7.** The arrangements for the promotion of the education of the children accommodated there, including the facilities for private study.
- 8.** The arrangements to promote children's participation in hobbies and recreational, sporting and cultural activities.
- 9.** The arrangements made for consultation with the children accommodated there about the operation of the care home.
- 10.** The policy on behaviour management and the use of restraint in the care home, including in particular the methods of control and discipline and the disciplinary measures which may be used, the circumstances in which any such measures will be used and who will be permitted to use and authorise them.
- 11.** The arrangements for child protection and to counter bullying.

- 12.** The fire precautions and associated emergency procedures in the care home.
- 13.** The arrangements made for the children's religious instruction and observance.
- 14.** The arrangements made for contact between a child accommodated there and his parents, relatives and friends.
- 15.** The procedure for dealing with any unauthorised absence of a child from the care home.
- 16.** The arrangements for dealing with complaints.
- 17.** The arrangements for dealing with reviews of the placement plans of children accommodated there.
- 18.** The type of accommodation and sleeping arrangements provided, and, where applicable, how children are to be grouped, and in what circumstances they are to share bedrooms.
- 19.** Details of any specific therapeutic techniques used in the care home and arrangements for their supervision.
- 20.** A description of the care home's policy on anti-discriminatory practice in relation to children and children's rights.

SCHEDULE 6

Regulations 19 and 33(b)

ADDITIONAL INFORMATION AND DOCUMENTS TO BE OBTAINED IN RESPECT OF PERSONS WORKING AT A CARE HOME WHERE CHILDREN ARE ACCOMMODATED

1. Two written references, including a reference from the last employer.
2. Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonably practicable, verification of the reason why the employment or position ended.
3. A full employment history, together with a satisfactory written explanation of any gaps in employment.

SCHEDULE 7

Regulations 24 and 35(a)

MATTERS TO BE MONITORED AT A CARE HOME WHERE CHILDREN ARE ACCOMMODATED

1. Compliance with any plan for the care of the child prepared by the placing authority and the placement plan of each child accommodated in the care home.
 2. The deposit and issue of money and other valuables handed in for safekeeping.
 3. Daily menus.
 4. All accidents and injuries sustained in the care home or by children accommodated there.
 5. Any illnesses of children accommodated in the care home.
 6. Complaints in relation to children accommodated in the care home and their outcomes.
 7. Any allegations or suspicions of abuse in respect of children accommodated in the care home and the outcome of any investigation.
 8. Staff recruitment records and conduct of required checks for new workers in the care home.
 9. Visitors to the care home and to children in the care home.
 10. Notifications of the events listed in Schedule 5 to the Children's Homes Regulations 2001.
 11. Any unauthorised absence from the care home of a child accommodated there.
 12. The use of disciplinary measures in respect of children accommodated in the care home.
 13. The use of physical restraint in respect of children accommodated in the care home.
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EXPLANATORY NOTE

(This note is not part of the Regulations)

These Regulations are made under the Care Standards Act 2000 ("the Act") and apply to England only. Part I of the Act establishes, in relation to England, the National Care Standards Commission ("the Commission") and Part II provides for the registration and inspection of establishments and agencies, including care homes, by the Commission. It also provides powers for regulations governing the conduct of establishments and agencies. The majority of Parts I and II of the Act (in so far as not already in force) will be brought into force on 1 April 2002.

These new arrangements replace the regulatory system provided for in relation to residential care homes and nursing homes by the Registered Homes Act 1984.

Regulation 3 excludes from the definition of a care home under section 3 of the Act certain NHS hospitals and establishments providing nursing, universities, schools and certain further education institutions.

Under regulations 4 and 5, each home must have a statement of purpose consisting of the matters set out in Schedule 1, and supply a guide to the home to each service user.

Regulations 7 to 10 make provision about the fitness of the persons carrying on and managing the home, and require satisfactory information to be available in relation to certain specified matters. Where an organisation carries on the home, it must nominate a responsible individual in respect of whom this information must be available (regulation 7). Regulation 8 prescribes the circumstances where a manager must be appointed for the home, and regulation 10 imposes general requirements in relation to the proper conduct of the home, and the need for appropriate training.

Part III makes provision about the conduct of care homes, in particular as to health and welfare of service users, and as to the facilities and services that are to be provided. Provision is also made about record keeping, the staffing of homes, the fitness of workers, and about complaints.

Part IV makes provision about the suitability of premises and fire precautions to be taken. Part V deals with the management of care homes. Regulation 24 requires the registered person to establish a system for reviewing and improving the quality of care provided by the home. Regulation 25 imposes requirements relating to the home's financial position. Regulation 26 requires the registered provider to visit the home as prescribed. Part VI makes special provision which applies where children are accommodated at the home.

Part VII deals with miscellaneous matters including the giving of notices to the Commission. Regulation 43 provides for offences. A breach of the regulations specified in regulation 43 may found an offence on the part of the registered person. However, no prosecution may be brought unless the Commission has first given the registered person a notice which sets out in what respect it is alleged he is not complying with a regulation, and what action the Commission considers it is necessary for him to take in order to comply. The notice must specify a time period for compliance, not exceeding three months.

Notes:

- [1] 2000 c. 14. The powers are exercisable by the appropriate Minister, who is defined in section 121(1), in relation to England, Scotland and Northern Ireland, as the Secretary of State. *See* section 121(1) for the definitions of "prescribed" and "regulations".[back](#)
- [2] *See* section 22(9) of the Care Standards Act 2000 for the requirement to consult.[back](#)
- [3] 10 & 11 Geo.6 c. 41.[back](#)
- [4] 1977 c. 49.[back](#)
- [5] 1997 c. 46.[back](#)
- [6] 1999 c. 8.[back](#)
- [7] 1977 c. 49.[back](#)
- [8] *See* section 5 of the National Health Service and Community Care Act 1990 (c. 19) as amended by paragraph 69 of Schedule 1 to the Health Authorities Act 1995 (c. 17) and section 13(1) of the Health Act 1999 (c. 8).[back](#)
- [9] 1992 c. 13.[back](#)
- [10] S.I. 2001/3967.[back](#)
- [11] 1997 c. 50. Section 115(5)(ea) was inserted by the Care Standards Act 2000, section 104, on a date to be appointed. Sections 113 and 115, as amended, have not yet been brought into force.[back](#)
- [12] A position is within section 115(3) if it involves regularly caring for, training, supervising or being in sole charge of persons aged under 18. A position is within section 115(4) if it is of a kind specified in regulations and involves regularly caring for, training, supervising or being in sole charge of persons aged 18 or over.[back](#)
- [13] Section 113(3A) and 115(6A) are added to the Police Act 1997 by section 8 of the Protection of Children Act 1999 (c. 14), and amended by sections 104 and 116 of, and paragraph 25 of Schedule 4 to, the Care Standards Act 2000. Sections 113(3C) and 115(6B) are added to the Police Act 1997 by section 90 of the Care Standards Act 2000 on a date to be appointed.[back](#)
- [14] 1974 c. 53.[back](#)
- [15] S.I. 1975/1023. Relevant amending instruments are S.I. 1986/1249, 1986/2268, 2001/1192.[back](#)
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ISBN 0 11 039231 0

National Minimum Standards for Care Homes for Adults (18–65)

Introduction

Aims

This document sets out National Minimum Standards for Care Homes for Adults (18–65), which form the basis on which the new National Care Standards Commission (NCSC) will determine whether such care homes meet the needs, and secure the welfare and social inclusion, of the people who live there.

The national minimum standards set out in this document are core standards which apply to all care homes providing accommodation and nursing or personal care for adults aged 18–65 and Supplementary Standards for young people aged 16 and 17 who have:

- physical disabilities
- sensory disabilities
- learning disabilities
- autistic spectrum disorders
- mental health problems
- alcohol or substance misuse problems
- HIV/AIDS
- dual and/or complex multiple disabilities, including those who are deafblind.

The standards will apply to homes for which registration as care homes is required, including currently registered residential care and nursing homes, small homes, new facilities, local authority homes and establishments currently exempted under the Registered Homes Act 1984 (for example Charter Homes).

While broad in scope, these standards acknowledge the unique and complex needs of individuals and the additional specific knowledge, skills and facilities needed in order for a care home to deliver an individually tailored and comprehensive service. Certain of the standards do not apply to pre-existing homes including local authority homes, 'Royal Charter' homes and other homes not previously required to register.

The standards do not apply to independent hospitals, hospices, clinics or establishments registered to take patients detained under the Mental Health Act 1983. Standards for these services have been published separately.

These standards, and the regulatory framework within which they operate, should be viewed in the context of the Government's overall policy objectives for independence, choice and inclusion. A variety of specialist provision will be required to help achieve these objectives. Good quality care homes have an important part to play in that provision.

Small Homes

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

Adult Placements

There are separate National Minimum Standards and Regulations. The National Minimum Standards for Adult Placements are now not included here. The Department of Health will be publishing these separately.

Supplementary Standards for Care Homes Accommodating Young People Aged 16 and 17

Currently, care homes for children with disabilities are registered under the Registered Homes Act 1984. This will change under the Care Standards Act, and such homes will be registered as children's homes if they fall within the definition of a children's home in the Act.

However, we know from current provision that some services straddle both care groups. We wish to establish a framework that applies to those services catering for young people in transition. For example, young people with learning disabilities aged 16–25, for whom specific services to promote independence have been set up. A similar group might be young people with physical and/or complex disabilities.

These Standards therefore include supplementary standards for care homes accommodating young people aged 16–17. These should be read in conjunction with the main standards.

Care homes should not accommodate children under the age of 16.

Regulatory Context

These standards are published by the Secretary of State for Health in accordance with section 23 of the Care Standards Act 2000 (CSA). They will apply from 1 June 2003, unless otherwise stated in any standard.

The Care Standards Act created the National Care Standards Commission (NCSC), an independent non-governmental public body, which regulates social and health care services previously regulated by local councils and health authorities. In addition, it extended the scope of regulation significantly to other services not previously registered, including domiciliary care agencies, fostering agencies and residential family centres.

The CSA sets out a broad range of regulation making powers covering, amongst other matters, the management, staff, premises and conduct of social and independent healthcare establishments and agencies.

Under the Care Standards Act, the Secretary of State for Health has powers to publish statements of National Minimum Standards. In assessing whether a care home conforms to the Care Homes Regulations 2001, which are mandatory, the National Care Standards Commission must take the standards into account. However, the Commission may also take into account any other factors it considers reasonable or relevant to do so.

Compliance with national minimum standards is not itself enforceable, but compliance with regulations is enforceable subject to national standards being taken into account.

The Commission may conclude that a care home has been in breach of the regulations even though the home largely meets the standards. The Commission also has discretion to conclude that the regulations have been complied with by means other than those set out in the national minimum standards.

Structure and Approach

The National Minimum Standards for Care Homes for Adults (18–65) focus on achievable outcomes for service users – that is, the impact on the individual of the facilities and services of the home. The standards are grouped under the following key topics which highlight aspects of individuals' lives identified during the stakeholder consultation as most important to service users:

- **Choice of home**
- **Individual needs and choices**
- **Lifestyle**
- **Personal and healthcare support**
- **Concerns, complaints and protection**
- **Environment**

- **Staffing**
- **Conduct and management of the home**

Each topic is prefaced by a statement which sets out the rationale for the standards that follow. Each standard is preceded by a statement of the intended outcome for service users to be achieved by the care home. The standards themselves are numbered and the full set of numbered paragraphs needs to be met in order to achieve compliance with the standard.

While the standards are qualitative – they provide a tool for judging the quality of life of service users – they are also measurable. Regulators will look for evidence that standards are being met and a good quality of life enjoyed by service users through:

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

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

The following cross-cutting themes underpin the drafting of the National Minimum Standards for Care Homes for Adults (18 -65):

- **Focus on service users.** Modernising Social Services (1998) called for standards that ‘focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards’ [4.48]. The consultation process for developing the standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the standards, regulators will look for evidence that the facilities, resources, policies, activities and services of the home lead to positive outcomes for and the active participation of service users; and for people with learning disabilities, are consistent with the principles of rights, independence, choice and inclusion set out in *Valuing People*.
- **Fitness for purpose.** The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are ‘fit for their purpose’. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.
- **Comprehensiveness.** Life in a care home is made up of a range of services and facilities which may be of greater or lesser importance to different service users. In applying the standards, regulators will consider how the total service package offered by the care home contributes to the overall personal and health care needs and preferences of service users, and how the home works with other services/professionals to ensure the individual’s inclusion in the community.

- **Positive choice.** The consultation process confirms that some people live in care homes not through informed, positive choice but as a last resort. In applying the standards, regulators will look for evidence that service users are admitted to a home, and remain in a home, because that is where they want to be and where their needs can best be met.
- **Meeting assessed needs.** The assessment and service user plan carried out in the care home should be based on the care management individual plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to a place being offered. In applying the standards, inspectors will look for evidence that care homes meet assessed needs of service users and that individuals' changing needs continue to be met.
- **Quality services.** The Government's modernising agenda, including the new regulatory framework, aims to ensure greater assurance of quality services rather than having to live with second best. In applying the standards, regulators will seek evidence of a commitment to continuous improvement, quality services, support, accommodation and facilities which assure a good quality of life and health for service users.
- **Quality workforce.** Competent, well-trained managers and staff are fundamental to achieving good quality care for service users. The Sector Skills Council for social care, TOPSS, is developing national occupational standards for care staff, including induction competencies and foundation programmes. In applying the standards, regulators will look for evidence that registered managers and staff achieve TOPSS requirements and comply with any code of practice published by the General Social Care Council.

Context and Purpose

These standards, and the regulatory framework within which they operate, should be viewed in the context of the Government's overall policy objectives for adult residential care. The standards have been prepared in response to extensive consultation and aim to be realistic, proportionate, fair and transparent. They provide minimum standards, below which no provider is expected to operate, and are designed to ensure the protection of service users and safeguard and promote their health, welfare and quality of life.

1

Choice of Home

INTRODUCTION TO STANDARDS 1 TO 5

The standards in Section 1 cover the process by which an individual chooses a care home that will meet his/her needs.

During the consultation meetings, existing and prospective service users from all user groups stressed the importance of having sufficient information about, and opportunities to consider, different options for meeting their accommodation and support requirements. Many felt they had been slotted into existing vacancies or that assumptions had been made about the service that would suit them. Prospective service users will want to make positive choices about the quite different styles and approaches of accommodation and support, considering for example size and location; staff and current residents; religious affiliation; treatment philosophies; specialist services and activity programmes.

Care homes are expected to produce information – the Statement of Purpose and Service Users' Guide – about their services and facilities in a way that is accessible to those for whom the service is intended. Where feasible, trial visits will also help prospective service users judge whether a particular home will be suitable. As well as having clear information about possible care homes, prospective service users should feel confident that their needs and aspirations are fully understood by the home's staff and manager and that the home they choose will be able and accountable to deliver the services it undertakes to provide.

Stakeholder consultation highlighted the importance of individual needs assessment in the process of choosing the right home. While not seeking to hold proprietors/managers to account for the actions of others, the National Minimum Standards require that they can demonstrate that a full, professional assessment – either the single Care Management assessment or the home's own assessment – has been carried out for each individual entering the home, except in the case of emergency. Managers should be able to provide evidence that service users have been genuinely involved in the assessment process, with appropriate support and/or advocacy.

Managers should also show that no admission is made unless the home has the quality and quantity of staff and the resources adequately to meet the person's assessed needs as determined by assessment. The proprietor is expected to be accountable for delivery of promised services under a written contract between the care home and the service user which sets out the terms and conditions of residency and service provision (including a Service User Plan, see section 2), and the rights and responsibilities of both parties.

See also:

Mental Health Foundation (1996), *Building Expectations*.

Office of Fair Trading (1998), *Choosing a Care Home*.

DH (2001), *Single Assessment Process Consultation Document*.

Information

OUTCOME

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

STANDARD 1

- 1.1 **The registered person produces an up-to-date statement of purpose setting out the aims, objectives and philosophy of the home, its services and facilities, and terms and conditions; and provides each service user with a service users' guide to the home. The statement of purpose should clearly set out the physical environment standards met by the home in relation to standards 24.2, 24.9, 25.3, 25.5, 27.2, 27.4 and 28.2; and a summary of this information should appear in the service users' guide.**
- 1.2 The services users' guide sets out clear and accessible information for service users including:
 - i A summary of the purpose of the home;
 - ii A description of the support and facilities (including any specialist services and strategies for communicating with service users);
 - iii A description of the individual accommodation and communal space provided;
 - iv The number of places provided and the people for whom the service is intended;
 - v Relevant qualifications and experience of the registered provider, manager and staff;
 - vi Key contract terms covering admission, occupancy and termination of contract;
 - vii Fees charged, what they cover, And the cost of 'extras';
 - viii Service users' views of the home (users surveys); and

- ix A copy of the complaints procedure, and information about how to contact the local office of the NCSC and local social services and healthcare authorities.
- 1.3 A copy of the most recent inspection report is made available to service users and their families.
- 1.4 The service users' guide, inspection report and other information about the home are available in formats suitable for the people for whom the home is intended (e.g. appropriate languages, pictures, video, audio or explanation).

Needs Assessment

OUTCOME

Prospective service users' individual aspirations and needs are assessed.

STANDARD 2

- 2.1 **New service users are admitted only on the basis of a full assessment undertaken by people competent to do so, involving the prospective service user, using an appropriate communication method and with an independent advocate as appropriate.**
- 2.2 For individuals referred through Care Management, the registered manager obtains a summary of the single Care Management (health and social services) assessment – integrated with the Care Programme Approach (CPA) for people with mental health problems – and a copy of the single Care Plan.
- 2.3 For individuals who are self-funding and without a Care Management Assessment/Care Plan, the home carries out a needs assessment (meeting the person in his/her own living environment where possible) covering:
 - i. suitable accommodation and personal support;
 - ii. meaningful education, training and/or occupation;
 - iii. family/social contact;
 - iv. assessment and management of risk;
 - v. adequate income;
 - vi. cultural and faith needs;
 - vii. physical and mental health care;
 - viii. specific condition-related needs and specialist input;
 - ix. provision of disability equipment, including arrangements for payment and supply;
 - x. treatment/rehabilitation programme;
 - xi. method of communication; and
 - xii. compatibility with others living in the home.

- 2.4 The home develops with each prospective service user an individual Service User Plan based on the Care Management Assessment and Care Plan or the home's own needs assessment (see Standard 6 'Service User Plan').
- 2.5 Any potential restrictions on choice, freedom, services or facilities – based on specialist needs and risk and/or required by a treatment programme – likely to become part of a prospective service user's individual Plan, are discussed and agreed with the prospective service user during assessment.
- 2.6 The registered nursing input required by service users in homes providing nursing care is determined by NHS registered nurses using a recognised assessment tool, according to Department of Health guidance.
- 2.7 Rehabilitation and therapeutic needs are assessed by state registered health professionals using regulated assessment methods.
- 2.8 Family carers' interests and needs are taken into account, subject to the service user's agreement.

Meeting Needs

OUTCOME

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

STANDARD 3

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

- 3.8 The home does not offer a place to someone whose needs it cannot meet, or with whom it cannot develop effective communication, and provides a written or other suitable explanation for refusal to the prospective service user (and Care Manager where applicable).
- 3.9 The home does not admit into long-term care any service user placed for intermediate/short-term care, unless and until the requirements regarding information, assessment and individual planning (Standards 1, 2, 3 and 6) are met. See also Standards 24.5 and 29.4 (facilities); and 33.5 (staffing).
- 3.10 In homes providing planned respite, the statement of purpose, assessment process and individual Service User Plan are designed to meet the specific needs of the people for whom the service is intended.

Introductory Visits

OUTCOME

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

STANDARD 4

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

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

Contract

OUTCOME

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

STANDARD 5

- 5.1 The registered manager develops and agrees with each prospective service user a written and costed contract/statement of terms and conditions between the home and the service user.**
- 5.2 The contract specifies:
- i. rooms to be occupied;
 - ii. terms and conditions of occupancy including period of notice (e.g. long-term home, short-term placement, planned respite, intermediate care/rehabilitation);
 - iii. personal support, facilities and services provided, including any specialist services/therapeutic intervention, and any policies or rules which may limit personal freedom;
 - iv. fees charged, what they cover, and when they must be paid and by whom, and the cost of facilities or services not covered by fees;
 - v. rights and responsibilities of both parties, and who is liable if there is a breach of contract;
 - vi. a copy of the Service User Plan (see Standard 6) outlining the action/activities to achieve personal goals and lifestyle aspirations;
 - vii. arrangements for reviewing needs and progress, and updating the Service User Plan; and
 - viii. elements of the Care Management Care Plan (where applicable) which are to be provided outside of the home.
- 5.3 Service users are supported by family, friends and/or advocate, as appropriate, when drawing up the contract.
- 5.4 The contract is in a format/language appropriate to each service user's needs, and/or reasonable efforts have been made to explain the contract to the service user.
- 5.5 The service user has a copy of the contract, which has been signed by the service user and the registered manager.

2

Individual Needs and Choices

INTRODUCTION TO STANDARDS 6 TO 10

The standards in Section 2 cover issues of decision making, participation, risk taking and confidentiality that need to be addressed by care homes in order for service users to achieve independent lifestyles.

Younger adults who took part in the consultation events expressed their frustration at being denied opportunities to make major life decisions as well as everyday choices. They stressed the importance of information and support, including access to independent advocacy, to help them express their views and lead their lives as they choose.

These standards start from the premise that service users should be enabled to take control of their own lives. Supporting those with intellectual impairment and/or limited communication skills to make decisions, is the responsibility of home managers and staff. In homes for people who misuse drugs or alcohol, restrictions on decision making may be necessary in the initial stages of a treatment programme.

Proprietors will be expected to set out clearly in the home's Statement of Purpose the people for whom the service is intended, demonstrating how they will enable service users to make informed decisions, and they will be accountable for fulfilling their claims. This includes support to understand available options and the right to take risks and to make – and learn from – poor choices. While care homes cannot ensure sufficient provision for independent advocacy, they should undertake to help service users access local advocacy and support schemes. The standards permit limitations on individual choice and freedom only following assessment, in discussion with the service user, and as recorded (and reviewed) in the Service User Plan.

Key to achieving an individually appropriate lifestyle is the Service User Plan, determined by assessment and drawn up between the home and the service user. It puts the individual at the centre of service delivery by the care home. The Plan should reflect the needs, aspirations and goals of the individual, set out the services to be provided by the care home to meet needs and achieve goals, and develop as the service user's life and circumstances change. Services are expected to be delivered by the home in accordance with the individual Service User Plan, which becomes the yardstick for judging whether appropriate support is being delivered.

Staff may be in receipt of considerable personal information about the people they support: these standards require that care homes ensure that information given in confidence by and about service users is handled appropriately.

See also:

DH (2002), *Guidance on the Use of Physical Interventions*.

Data Protection Act 1998

S Dowson (1990), *Keeping it safe*.

A Wertheimer (1998), *Citizen Advocacy*.

P Fitton (1994), *Listen to Me*.

J Morris (2000), *Hurtling into the Void*.

Values into Action (2001), *Who's in control? Decision-making by people with learning difficulties who have high support needs*. London: VIA

Service User Plan

OUTCOME

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

STANDARD 6

- 6.1 The registered manager develops and agrees with each service user an individual Plan, which may include treatment and rehabilitation, describing the services and facilities to be provided by the home, and how these services will meet current and changing needs and aspirations and achieve goals.**
- 6.2 The Plan is generated from the single Care Management Assessment/Care Plan or the home's own assessment, and covers all aspects of personal and social support and healthcare needs as set out in Standard 2.
- 6.3 The Plan sets out how current and anticipated specialist requirements will be met (for example through positive planned interventions; rehabilitation and therapeutic programmes; structured environments; development of language and communication; adaptations and equipment; one-to-one communication support).
- 6.4 The Plan describes any restrictions on choice and freedom (agreed with the service user) imposed by a specialist programme (e.g. a treatment programme for drug or alcohol misusers); for mental health service users, in accordance with the Care Programme Approach and in some instances the Mental Health Act 1983).
- 6.5 The Plan establishes individualised procedures for service users likely to be aggressive or cause harm or self-harm, focusing on positive behaviour, ability and willingness.

- 6.6 The Plan is drawn up with the involvement of the service user together with family, friends and/or advocate as appropriate, and relevant agencies/specialists.
- 6.7 The Plan is made available in a language and format the service user can understand (e.g. visual, graphic, simple printed English, deafblind manual, explanation, British Sign Language video), and is held by the service user unless there are clear (and recorded) reasons not to do so.
- 6.8 A key worker (or personal tutor in specialist colleges; designated nurse if receiving nursing care) who can communicate with the individual and appreciates his/her racial and/or cultural heritage is allocated for each service user, with the full involvement of the service user.
- 6.9 The service user is made aware of the respective roles and responsibilities of the Care Manager/CPA Care Co-ordinator, key worker and/or advocate, and knows how to contact them.
- 6.10 The Plan is reviewed with the service user (involving significant professionals, and family, friends and advocates as agreed with the service user) at the request of the service user or at least every six months and updated to reflect changing needs; and agreed changes are recorded and actioned.

Decision Making

OUTCOME

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

STANDARD 7

- 7.1 Staff respect service users' right to make decisions, and that right is limited only through the assessment process, involving the service user, and as recorded in the individual Service User Plan.
- 7.2 Staff provide service users with the information, assistance and communication support they need to make decisions about their own lives.
- 7.3 Staff help service users, if they wish, to find and participate in local independent advocacy/self-advocacy groups and/or to find peer support from someone who shares the person's disability, heritage or aspirations.
- 7.4 Staff can demonstrate how individual choices have been made; and record instances when decisions are made by others, and why.
- 7.5 Service users manage their own finances; where support and tuition are needed, the reasons for, and manner, of support are documented and reviewed.

- 7.6 Limitations on facilities, choice or human rights to prevent self-harm or self-neglect, or abuse or harm to others, are made only in the person's best interest, consistent with the purpose of the service and the home's duties and responsibilities under law.
- 7.7 Where a Department of Work and Pensions appointee or other agent is necessary, the appointee/agent is independent from the service. If no independent agent is available, the registered manager may be appointed agent, and in this case:
 - i. the registration authority is notified on inspection; and
 - ii. records are kept of all incoming and outgoing payments, and independently audited/monitored.

Participation

OUTCOME

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

STANDARD 8

- 8.1 **The registered manager ensures that service users are offered opportunities to participate in the day to day running of the home and to contribute to the development and review of policies, procedures and services.**
- 8.2 The home provides service users with comprehensive, accessible, understandable and up to date information, in suitable formats, about its policies, procedures, activities and services; and appropriate communication support.
- 8.3 Service users have opportunities to participate (and are enabled to participate through e.g. provision of interpreters and translators, independent advocates, training, documents in appropriate formats) in activities which enable them to influence key decisions in the home, for example:
 - i. joining staff meetings, policy groups and other forums;
 - ii. representation in management structures;
 - iii. involvement in selection of staff and of other service users; and
 - iv. user satisfaction questionnaires, individual and group discussion (see Standard 39– 'Quality Assurance').
- 8.4 Changes are made to the home's statement of purpose only in consultation with existing service users.
- 8.5 Service users receive feedback about the outcomes of their involvement and participation.

Risk Taking

OUTCOME

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

STANDARD 9

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

Confidentiality

OUTCOME

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

STANDARD 10

- 10.1 **Staff respect information given by service users in confidence, and handle information about services users, in accordance with the home's written policies and procedures and the Data Protection Act 1998, and in the best interests of the service user.**
- 10.2 Service users and their families have access to the home's policy and procedures on confidentiality and on dealing with breaches of confidentiality, and staff explain and/or ensure service users understand the policy.
- 10.3 Service users' individual records are accurate, secure and confidential.
- 10.4 Staff know when information given them in confidence must be shared with their manager or others.

- 10.5 Information given in confidence is not shared with families/friends against the service user's wishes.
- 10.6 The home gives a statement on confidentiality to partner agencies, setting out the principles governing the sharing of information.

3

Lifestyle

INTRODUCTION TO STANDARDS 11 TO 17

The standards in section 3 cover the elements of service and support in care homes that enable service users to maintain appropriate and fulfilling lifestyles in and outside the home.

For younger adults, a place to live and personal support are the starting point for achieving independence. Service users attending the consultation meetings shared their aspirations to live ordinary and meaningful lives appropriate to their peer group, and to participate in and contribute to the communities where they live. Lifestyle aspirations will naturally vary according to the person's age, culture, experience and interest as well as his/her disability or illness. Opportunities for personal development and independence training; for appropriate education and training, paid work or meaningful occupation; and for integration into community life and leisure activities, were all high priorities for people taking part in the consultation meetings. Care home staff will have a key role to play in supporting service users to live fulfilling lives outside as well as within the home. For people with substance misuse problems, curtailment of lifestyle preferences may be required at the start of the rehabilitation process.

Younger adults need to be able to judge how a home will enable them to achieve their goals. The home's Statement of Purpose and Service Users' Guide will give prospective residents an overall picture of the home's philosophy and style of living, the structure and organisation of daily routines and activities, and specialist provision. The individual Service User Plan will detail how the person's assessed needs, preferences and goals will be met by the home.

Participants also highlighted the importance of developing and maintaining personal and family relationships while resident in a care home, and managers will be expected to have policies and knowledge, appropriate to the people living in the home, about supporting relationships and protecting against abuse.

Care homes will also be judged by the way their house rules and daily routines – e.g. forms of address, entry to rooms, opening mail, performance of housekeeping tasks, provision of meals – respect service users' individuality, dignity and privacy and promote their wellbeing and independence. Care homes should be clear about the extent to which service users' involvement in meal planning and preparation is possible or required, and whether individual's personal, cultural/religious and medical food preferences and requirements can be observed.

See also:

DH (2001), *Valuing People*.

J Morris (2001), *‘That Kind of Life’*.

MS Society and Leonard Cheshire Foundation (1988), *People with MS in Long Term Care*.

DH (2000), *Community Care (Direct Payments) Act 1996*.

B McIntosh and A Whittaker (eds) (1998), *Days of Change*.

A Wertheimer (ed) (1996), *Changing Days*.

RNID (1999), *Best Practice Standards: Social Services for Deaf and Hard of Hearing People*. London RNID.

RNIB: *National Visual Impairment Standards. Progress in sight*. Issued by the ADSS: October 2002.

Personal Development

OUTCOME

Service users have opportunities for personal development.

STANDARD 11

- 11.1 Staff enable service users to have opportunities to maintain and develop social, emotional, communication and independent living skills.**
- 11.2 Service users have opportunities to learn and use practical life skills (e.g. assertion and confidence training), including user-led training.
- 11.3 Service users in treatment and recovery programmes receive effective, professionally validated interventions, counselling and therapy. Service users with complex multiple disabilities are offered specialist interventions and opportunities by trained staff.
- 11.4 Service users have opportunities to fulfil their spiritual needs.

Education and Occupation

OUTCOME

Service users are able to take part in age, peer and culturally appropriate activities.

STANDARD 12

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

Community Links and Social Inclusion

OUTCOME

Service users are part of the local community.

STANDARD 13

- 13.1 Staff support service users to become part of, and participate in, the local community in accordance with assessed needs and the individual Plans.**
- 13.2 Staff enable service users' integration into community life through:
- i. knowledge about, and support for, service users to make use of services, facilities and activities in the local community (e.g. shops, library, cinema, pubs, leisure centres, places of worship, cultural centres);
 - ii. awareness of service users' rights of access to public facilities under the Disability Discrimination Act 1995;
 - iii. maintaining a neighbourly relationship with the community;
 - iv. ensuring information and advice are available about local activities, support and resources offered by specialist organisations; and

- v ensuring access to transport – local public transport, accessible taxis, dial-a-ride, the home’s own (unlabelled, or discreetly labelled on condition of a gift) vehicles – and support to use it, to enable service users to pursue their chosen lifestyle and activities.
- 13.3 Service users are enabled to be politically active and to vote.
- 13.4 Staff time with, and support for, service users outside the home – flexibly provided, including evenings and weekends – is a recognised part of staff duties (see Standards 31 – ‘Staff roles’ and 33 – ‘Staff team’).
- 13.5 The home values and seeks to reflect the racial and cultural diversity of service users and of the community in which it is located.

Leisure

OUTCOME

Service users engage in appropriate leisure activities.

STANDARD 14

- 14.1 Staff ensure that service users have access to, and choose from a range of, appropriate leisure activities.**
- 14.2 Service users are encouraged and supported to pursue their own interests and hobbies.
- 14.3 Service users have a choice of entertainment brought in to the home.
- 14.4 Service users in long-term placements have as part of the basic contract price the option of a minimum seven-day annual holiday outside the home, which they help choose and plan.
- 14.5 Group trips are planned and chosen by users who share the same interests.
- 14.6 Activities arranged by the home are run by trained staff with appropriate professional support and advice.

Relationships

OUTCOME

Service users have appropriate personal, family and sexual relationships.

STANDARD 15

- 15.1 **Staff support service users to maintain family links and friendships inside and outside the home, subject to restrictions agreed in the individual Plan and Contract (subject to standards 2 and 6 if necessary).**
- 15.2 Family and friends are welcomed, and their involvement in daily routines and activities is encouraged, with the service user's agreement.
- 15.3 Service users choose whom they see and when; and can see visitors in their rooms and in private.
- 15.4 Service users have opportunities to meet people and make friends who do not have their disability/illness/addiction.
- 15.5 Service users can develop and maintain intimate personal relationships with people of their choice, and information and specialist guidance are provided to help the service user to make appropriate decisions.

Daily Routines

OUTCOME

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

STANDARD 16

- 16.1 **The daily routines and house rules promote independence, individual choice and freedom of movement, subject to restrictions agreed in the individual Plan and Contract (subject to standards 2 and 6 if necessary).**
- 16.2 Staff enter service users' bedrooms and bathrooms only with the individual's permission and normally in their presence, and techniques are in place (e.g. doorbells, flashing lights, according to disability) to ensure privacy for all service users.
- 16.3 Service users are offered a key (or suitable locking device) to their own bedroom/bathroom, which can be locked from inside and outside, and a key to the front door of the home.
- 16.4 Staff do not open service users' mail without their agreement.
- 16.5 Staff use service users' preferred form of address, which is recorded in the individual Plan.
- 16.6 Staff talk to and interact with service users, not exclusively with each other.
- 16.7 Service users choose when to be alone or in company, and when not to join an activity.
- 16.8 Service users have unrestricted access to the home and grounds; service users' visitors have access subject to individual and collective service user consent.

- 16.9 Service users' responsibility for housekeeping tasks (e.g. cooking, cleaning rooms and common areas, laundry, maintaining gardens) is specified in the Service Users' Guide and individual Plan.
- 16.10 Service users can keep an assistance dog (guide dogs, dogs for disabled people, and hearing dogs for deaf people); and can keep a suitable pet in agreement with the home and if it does not infringe on the safety, health or peace of others living in the home.
- 16.11 Rules on smoking, alcohol and drugs are clearly stated in the contract.

Meals and Mealtimes

OUTCOME

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

STANDARD 17

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

4

Personal and Healthcare Support

INTRODUCTION TO STANDARDS 18 TO 21

Section 4 sets out standards for ensuring that care homes provide appropriate personal and healthcare support to service users, and deal sensitively with issues of ageing, illness and death.

The way in which support is given is a key issue for younger adults in care homes. During the consultation programme service users stressed the need for personal support that is flexible, consistent, reliable and responsive to their changing needs. For some (e.g. those with severe physical disabilities) moving and transferring by staff is critical to their independence and autonomy; for others (e.g. people with mental health problems) emotional and psychological support may be paramount. These standards require staff to respect service users' preferences, and expert knowledge, about their individual personal needs when providing support including intimate personal care.

Service users have the right to good quality physical and mental health care wherever they are living. Care homes will be expected to support younger adults to manage their own healthcare (including visual, hearing, oral and continence care) and to access NHS community facilities, while ensuring that vulnerable individuals' health is reviewed and maintained. Specialist health, nursing and dietary requirements set out in the Service User's Plan should be observed. Staff will also support service users to manage their own medication within the framework of the home's risk management policy and in compliance with professional guidance and the law.

Different homes will have different competencies and specialisms and these should be clearly set out in their Statement of Purpose. The individual Service User Plan will detail key aspects of how an individual should be supported. Managers/proprietors should only accept a service user whose assessed personal, healthcare and nursing care needs the home's staff are qualified to meet, and evidence of this will be required.

Most younger adults choosing a home will be concerned primarily with their lives and futures. However, service users and their families should be clear about how ageing, illness and death will be handled by the care home. Those approaching the transition to older age will need to know whether they can stay in the home when they reach age 65, and if they become ill or more disabled. They, and others with deteriorating/terminal disability or illness, will want to know that their last days will be spent in comfort and with dignity and that their wishes will be observed.

See also:

Diabetic Association (July 1999), *Guidelines of Practice*.

National Council for Hospice and Specialist Palliative Care Services (1997), *Changing Gear*.

Royal Pharmaceutical Society (2001) guidelines; United Kingdom Central Council for Nursing, Midwifery and Health Visiting (1992) guidelines; Misuse of Drugs (Safe Custody) Regulations 1973; Medicines Act 1968.

Personal Support

OUTCOME

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

STANDARD 18

- 18.1 Staff provide sensitive and flexible personal support and nursing care to maximise service users' privacy, dignity, independence and control over their lives.**
- 18.2 Service users' preferences about how they are guided, moved, supported and transferred are complied with, and reasons for not doing so are explained and recorded.
- 18.3 Personal support is provided in private, and intimate care by a person of the same gender where possible and if the service user wishes.
- 18.4 Times for getting up/going to bed, baths, meals and other activities are flexible (including evening and weekends), subject to restrictions agreed in the individual Plan (Standards 2 and 6 refer).
- 18.5 Where needed, guidance and support regarding personal hygiene (e.g. to wash, shave) is provided.
- 18.6 Service users choose their own clothes, hairstyle and makeup and their appearance reflects their personality.
- 18.7 Service users have some choice of staff who work with them, such as staff from the same ethnic, religious or cultural background or the same gender.
- 18.8 Service users have the technical aids and equipment they need for maximum independence (which staff are trained to operate as needed), determined by professional assessment, reviewed and changed or replaced promptly as the service user's needs change, and regularly serviced.

- 18.9 Service users receive additional, specialist support and advice as needed from physiotherapists, occupational therapists, speech therapists and others, for e.g. positioning or modification of equipment.
- 18.10 General and psychiatric nursing care is provided or supervised by registered nurses as specified in the individual Plan, monitored and recorded, and regularly reviewed.
- 18.11 Staff ensure consistency and continuity of support for service users through:
 - i. designated key workers (whom service users have helped choose);
 - ii. individual working records setting out the preferred routine, likes or dislikes of service users who cannot easily communicate their needs and preferences; and
 - iii. partnerships with advocates, family, friends and relevant professionals outside the home, subject to the service user's consent.

Healthcare

OUTCOME

Service users' physical and emotional health needs are met.

STANDARD 19

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

- 19.5 Visits to service users from medical/health care practitioners take place in private.

Medication

OUTCOME

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

STANDARD 20

- 20.1 The registered manager and staff encourage and support service users to retain, administer and control their own medication, within a risk management framework, and comply with the home's policy and procedure for the receipt, recording, storage, handling, administration and disposal of medicines.**
- 20.2 Service users' consent to medication is obtained and recorded in the individual Plan.
- 20.3 The service user, following assessment as able to self-administer medication, has a lockable space in which to store medication, to which suitably trained, designated care staff may have access with the service user's permission.
- 20.4 Records are kept of all medicines received, administered and leaving the home or disposed of to ensure that there is no mishandling.
- 20.5 A record is maintained of current medication for each service user (including those self-administering).
- 20.6 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society of Great Britain, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.
- 20.7 Controlled drugs administered by staff are stored in a metal cupboard, which complies with current regulations and guidance issued by the Royal Pharmaceutical Society of Great Britain.
- 20.8 Medicines, including controlled drugs, for service users in care homes providing nursing care, are administered by a medical practitioner or registered nurse.
- 20.9 In residential care homes all medicines, including controlled drugs (except those for self-administration), are administered by designated and appropriately trained staff. The administration of controlled drugs is witnessed by another designated appropriately trained member of staff.
- 20.10 The training for care staff must be accredited and must include:
- i. basic knowledge of how medicines are used and how to recognise and deal with problems in use; and
 - ii. the principles behind all aspects of the home's policy on medicines handling and records.

- 20.11 Receipt, administration and disposal of controlled drugs are recorded in a controlled drugs register.
- 20.12 The registered manager seeks information and advice from a pharmacist regarding medicines policies within the home and medicines dispensed for individuals in the home.
- 20.13 Staff monitor the condition of the service user on medication and call in the GP if staff are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.
- 20.14 In the event of the death of a service user, medicines should be retained for a period of seven days in case there is a coroner's inquest.

Ageing and Death

OUTCOME

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

STANDARD 21

- 21.1 The registered manager and staff deal with the ageing, illness and death of a service user with sensitivity and respect.**
- 21.2 Service users and their family and friends know (as agreed in the individual Plan and regularly reviewed) whether they will be able to remain in the home when they grow older and/or if they require nursing care.
- 21.3 The service user's wishes concerning terminal care and death are discussed and carried out, including observation of religious and cultural customs.
- 21.4 The service user's family and friends are involved (if that is what the service user wants) in planning for and dealing with growing older, terminal illness and death.
- 21.5 Palliative care, practical assistance and advice, and bereavement counselling are provided by trained professionals/specialist agencies if the service user wishes.
- 21.6 Service users are able to receive treatment and care and to die in their own room, if that is their wish, unless there is a medical reason for an alternative setting.
- 21.7 The changing needs of service users with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control.
- 21.8 Other service users (and staff) living in the home are supported to deal with the illness or death of a service user.

5

Concerns, Complaints and Protection

INTRODUCTION TO STANDARDS 22 TO 23

Section 5 sets out standards for responding to concerns and complaints and for ensuring that service users are safe from abuse or neglect.

During the consultation meetings, service users highlighted the importance of being listened to and feeling confident that their views are seriously taken on board by the care home's staff and manager. It appeared that some service providers currently have no effective system for hearing and responding to issues raised by service users, including concerns about their treatment by staff. Filing a formal complaint is often the only course open to service users or their families, who may be reluctant to do so because they fear they will not be taken seriously or that they may be victimised or have their services withdrawn.

These standards require care home managers to have clear procedures that enable service users to make their views known, and that reassure them that appropriate action will be taken. Policies and procedures for dealing with suspicion or evidence of physical, financial or material, psychological or sexual abuse, neglect, self-harm or degrading behaviour should also be put in place. NCSC will look to the home's quality assurance process, including the service user survey, for evidence of an open culture and appropriate complaints procedures in the home. Complainants may make complaints directly to the NCSC.

See also:

G Bailey (1988), *Action Against Abuse*.

DH & Home Office (2000), *No Secrets*.

K Simons (1996), *I'm Not Complaining, But...*

Concerns and Complaints

OUTCOME

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

STANDARD 22

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

Protection

OUTCOME

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

STANDARD 23

- 23.1 The registered person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm or inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policy.**
- 23.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) ensure the safety and protection of service users (including passing on concerns to the NCSC), in accordance with the Public Interest Disclosure Act 1998 and Department of Health guidance No Secrets.
- 23.3 All allegations and incidents of abuse, and action taken, are recorded.
- 23.4 Staff who may be unsuitable to work with vulnerable adults are referred in accordance with the Care Standards Act for consideration for inclusion on the Protection of Children and Vulnerable Adults registers.
- 23.5 Physical and verbal aggression by a service user is understood and dealt with appropriately, and physical intervention is used only as a last resort by trained staff in accordance with Department of Health guidance, protects the rights and best interests of the service user, and is the minimum consistent with safety.
- 23.6 The home's policies and practices regarding service users' money and financial affairs ensure for example service users' access to their personal financial records, safe storage of money and valuables, consultation on finances in private, and advice on personal insurance; and preclude staff involvement in making or benefiting from service users' wills.

6

Environment

INTRODUCTION TO STANDARDS 24 TO 30

Section 6 sets out standards covering the care home's premises including individual bedrooms and shared spaces, adaptations and equipment, and hygiene.

People with disabilities and with mental health and substance abuse problems who took part in the consultation events stressed the importance of a living environment that is appropriate for their particular lifestyle and needs and accessible to relevant community facilities and services, as well as homely, clean, safe and comfortable.

While these standards do set minimum room sizes, the key requirement is that service users' own room accommodates their possessions, enables them to pursue their chosen interests and activities, and offers sufficient privacy. For someone who spends a large part of the day in his/her room or whose physical condition or occupation requires bulky equipment (e.g. a life-support unit, wheelchair, or computer), a large bedroom is of relatively greater importance than for someone who spends most daytime hours at work or college or who prefers a more communal lifestyle.

Single rooms and private bathrooms are the clear preference of service users, as are small family-scale homes. These standards require that service users are offered the option of a single room (except in homes offering rehabilitation for people who misuse alcohol or drugs, where room sharing may be an agreed part of the initial treatment process). Many homes currently recognise this as best practice and have development plans underway to provide en suite single rooms. The Department of Health intends to carry out research on the benefits to service users of multi-occupancy in homes for people who misuse drugs or alcohol. Stakeholder consultation indicated that it is preferable not to mix long- and short-term (respite) provision; managers will be required to demonstrate that doing so benefits all service users.

Respect for service users' privacy is fundamentally important, including the freedom to come and go and receive guests as they wish and to have their own door key. The privacy and autonomy of service users within the home may be limited only as necessary for their safety or protection and as specified in the Service User Plan, based on assessment and with the individual's prior agreement.

Care homes offering accommodation to people who have physical disabilities or sensory impairments must ensure that suitable specialist adaptations and equipment are provided to meet individually assessed needs. Personal care facilities should meet the cultural requirements of the people who live in the home. While hygiene and control of infection are important, not all homes will be expected to provide, for example, sluicing facilities, disinfectors or special laundry rooms. Facilities and arrangements should be as home-like as possible while being demonstrably fit for the purpose of the home and for the people who live there.

The onus will be on proprietors to make clear the people for whom their homes are intended, and to make sure the physical environment matches their individual requirements. This section does not seek to set out detailed standards to meet the wide variety of needs of different user groups, though certain standards of provision common to all homes should be met. Proprietors will have to meet claims they make in their Statement of Purpose about the physical environment.

See also:

SENSE (2000), *Standards for Services for People who are Deafblind*.

RNIB & SIGN (1999), *Visibly Better*.

RADAR (1999), *The DDA 1995*.

CAE/NHS Estates (1998), *The Design of Residential and Nursing Homes*.

Public Health Medicine Environmental Group (1986), *Guidelines on Control of Infection*.

Health and Safety Executive (2001), *Health and Safety in Care Homes*.

Premises

OUTCOME

Service users live in a homely, comfortable and safe environment

STANDARD 24

- 24.1 The home's premises are suitable for its stated purpose; accessible, safe and well-maintained; meet service users' individual and collective needs in a comfortable and homely way; and have been designed with reference to relevant guidance.**
- 24.2** Pre-existing care homes, which provided at least a minimum total average living space (bedroom and communal space) of 14.1sq metres (17.1sq metres for wheelchair users) as at 16 August 2002 continue to do so. Where they did not provide that amount of space as at that date, they provide each service user with at least the same average living space (bedroom and communal space) as they provided as at 31 March 2002. Such care homes set out in their statement of purpose and service user's guide, information about the space provided for each service user.

- 24.3 New homes accommodate a maximum of twenty people with no more than ten people sharing a staff group, a dining area and other common facilities (in specialist colleges, dining rooms are in keeping with similar non-specialist colleges); existing, larger homes are organised into clusters of up to ten people on this basis by 1st April 2007.
- 24.4 Homes intended for short-term, term-time education, or rehabilitation services for periods up to six months may have accommodation arrangements that are more flexible than that set out in Standard 24.3, if the accommodation remains domestic in scale and is consistent with the home's Statement of Purpose.
- 24.5 Service users on respite/emergency/short-term placements or intermediate care/rehabilitation placements, and those in long-term placements, occupy separate premises including communal day space, facilities and equipment, unless benefits for both groups can be demonstrated.
- 24.6 The premises are safe, comfortable, bright, cheerful, airy, clean and free from offensive odours, and provide sufficient and suitable light, heat and ventilation.
- 24.7 The home offers access to local amenities, local transport and relevant support services, to suit the personal and lifestyle needs of service users and the purpose of the home.
- 24.8 The premises are in keeping with the local community and have a style and ambience that reflect the home's purpose.
- 24.9 The premises are accessible to all service users. Homes accommodating wheelchair users provide level access, and doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which wheelchair users have access should be of a width sufficient to allow wheelchair users adequate access. In all new build, extensions and first time registrations doorways into areas to which wheelchair users have access should have a clear opening width of 800mm.
- 24.10 Furnishings, fittings, adaptations and equipment are good quality, and are as domestic, unobtrusive and ordinary as is compatible with fulfilling their purpose.
- 24.11 The premises meet the requirements of the local fire service and environmental health department, health and safety and building Acts and Regulations, and from 1st April 2004 the Disability Discrimination Act 1995 Part 3.
- 24.12 The home has a planned maintenance and renewal programme for the fabric and decoration of the premises, with records kept.
- 24.13 CCTV cameras are restricted to entrance areas for security purposes and do not impinge on the daily life of service users.

Individual Rooms: Space Requirements

OUTCOME

Service users' bedrooms suit their needs and lifestyles.

STANDARD 25

- 25.1 The registered person provides each service user with a bedroom which has useable floor space sufficient to meet individual needs and lifestyles.**
- 25.2 All service users are offered the option of a single room.
- 25.3 Pre-existing care homes, with rooms which provided single rooms with at least 10 sq metres of useable floor space (12sq metres for wheelchair users) – excluding en-suite – as at 16 August 2002, continue to provide that amount of space in those rooms. Pre-existing care homes with rooms which did not provide that amount of space as at that date, provide at least the same useable floor space in those rooms as they provided as at 31 March 2002. Such care homes set out in their statement of purpose and service user's guide, information about the size of their single rooms.
- 25.4 Single rooms in current use accommodating wheelchair users and service users with complex nursing needs (e.g. ventilation/life support systems) have at least 12 sq m usable floor space, excluding en suite, providing sufficient additional space for turning, transferring and accessing belongings, and for medical equipment and nursing requirements.
- 25.5 In existing homes, service users share bedrooms only in accordance with the following conditions:
- i. multiple occupancy is phased out by 1st April 2002;
 - ii. Two service users make a positive choice to share.
 - iii. shared rooms provide at least 16 sq m usable floor space, excluding en suite; and
 - iv. in short stay homes for people who misuse substances, when a clinical need for sharing is established up to four people may share a room if privacy is assured through screening or the provision of furniture.
- 25.6 New build registrations and extensions intended for long-term placements provide individual en suite bedrooms with at least 12 sq m usable floor space (15 sq m for wheelchair users) excluding en suite.
- 25.7 First time registrations and extensions intended for placements of less than six months provide individual bedrooms with at least 10 sq m usable floor space (15 sq m for wheelchair users) excluding en suite.

- 25.8 In first time registrations and extensions, service users share bedrooms only in accordance with the following conditions:
- i. two service users choose to share and, except in short stay homes, are offered two rooms to use – for example, as a bedroom and sitting room;
 - ii. a mixture of single and double rooms may be offered, on the basis of clinical need, for people who misuse substances.

Individual Rooms: Furniture and Fittings

OUTCOME

Service users' bedrooms promote their independence.

STANDARD 26

- 26.1 The registered person provides each service user with a bedroom that has furniture and fittings sufficient and suitable to meet individual needs and lifestyles.**
- 26.2 Service users' bedrooms include (unless agreed otherwise in the person's individual Plan, or being identified as in their best interests):
- i. bed, table, chest of drawers and two comfortable chairs;
 - ii. wardrobe/cupboard space and lockable storage space;
 - iii. wash hand basin (unless en suite facilities provided);
 - iv. space for service users' usual possessions e.g. computer, music systems, personal electrical appliances, hoists/technical aids;
 - v. at least two double sockets, TV aerial point, and telephone point (or access to a cordless telephone handset for use in the room);
 - vi. bedding, curtains and floor covering of good quality and design suitable for the service user; and
 - vii a window which opens, at a level providing a view when seated; good lighting and ventilation; and individually controlled heating.
- 26.3 Service users can bring and/or choose (or are helped to choose) their own furniture and can decorate and personalise their rooms subject to fire and safety requirements.
- 26.4 Service users' bedrooms are lockable. Staff use an override device only as indicated by a service user's risk assessment.

Toilets and Bathrooms

OUTCOME

Service users' toilets and bathrooms provide sufficient privacy and meet their individual needs.

STANDARD 27

- 27.1 The registered person provides service users with toilet and bathroom facilities which meet their assessed needs and offer sufficient personal privacy.**
- 27.2 Pre-existing care homes, which provided at least enough toilets so that they were shared by no more than three people as at 16 August 2002 continue to do so. Where they did not provide enough toilets to do that as at that date, they provide at least the same number of en-suite toilets, toilets and wash hand basins as they provided as at 31 March 2002. Such care homes set out in their statement of purpose and service user's guide, information about the number of en-suite toilets, toilets and wash hand basins they provide.
- 27.3 In new registrations and extensions, en suite toilets and hand basins are provided; where en suite facilities cannot be provided in new registrations of small, family-type homes a minimum of one toilet and one bath/shower are provided per two service users.
- 27.4 Pre-existing care homes, which provided at least enough bathrooms so that they were shared by no more than three people as at 16 August 2002 continue to do so. Where they did not provide enough bathrooms to do that as at that date, they provide at least the same number of bathrooms as they provided as at 31 March 2002. Such care homes set out in their statement of purpose and service user's guide, information about the number of bathrooms they provide.
- 27.5 Toilets and bathrooms, suitable for service users' specialist and cultural needs are located near to service users' bedrooms; accessible toilets are also near dining rooms and other communal areas.
- 27.6 Toilets and bathrooms are lockable. Staff use an override device only as indicated by a service user's risk assessment.

Shared Space

OUTCOME

Shared spaces complement and supplement service users' individual rooms.

STANDARD 28

28.1 A range of comfortable, safe and fully accessible shared spaces is provided both for shared activities and for private use.

28.2 Shared spaces include:

- i. outdoor space proportionate to number of service users and staff on duty;
- ii. kitchen and laundry facilities which are domestic in scale;
- iii. in all new build and first time registrations, communal areas (e.g. for meals, social activities) of at least 4.1 sq metres per service user;
- iv. in all new build and first time registrations communal areas of at least 5.1 sq metres per service user with wheelchair/mobility aids;
- v. a private area for e.g. visitors, consultations or treatment; and
- vi. a separate smoking area if the home does not have a no-smoking policy.

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

Adaptations and Equipment

OUTCOME

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

STANDARD 29

29.1 The registered person ensures the provision of the environmental adaptations and disability equipment necessary to meet the home's stated purpose and the individually assessed needs of all service users.

29.2 Homes offering a service to people with physical disabilities provide specialist equipment as needed for each individual including for example:

- i. moving equipment/overhead tracking for hoists;
- ii. stair rails, passenger lifts, stair lifts if compliant with Health and Safety Executive guidance (e.g. manufactured to ISO 9386 and BS 5776);
- iii. environmental control system;

- iv. right and left handed rooms;
 - v. appropriate bathroom fittings/equipment;
 - vi. call alarm systems;
 - vii. lowered light switches, work surfaces, window openings; and
 - viii. storage/recharging facilities for wheelchairs/mobility equipment in a discrete/separate area.
- 29.3 Homes offering a service to people with sensory impairment provide specialist aids and adaptations as needed including for example:
- i. loops/microphones/minicomms/textphones/videophone;
 - ii. additional and/or anti-glare lighting; colour contrasting;
 - iii. tactile symbols; varied textural surfaces;
 - iv. florescent or padded hazards/obstructions (where they cannot be removed);
 - v. computer for users' personal use; and
 - vi. TV with video recorder and subtitling facility/sign language.
- 29.4 Homes offering a service to people referred for intermediate care provide rehabilitation facilities sited in dedicated space, including equipment for therapies and treatment and equipment to promote activities of daily living and mobility.
- 29.5 Homes offering a service to minority ethnic service users provide bathrooms with culturally appropriate fittings/personal care facilities.
- 29.6 Provision of aids, adaptations and equipment follows assessment by, and meets the recommendations of, an occupational therapist or other suitably qualified specialist.
- 29.7 Safety systems and equipment are appropriate for people with mobility/sensory problems – e.g. flashing light fire alarms, magnetic fire doors.
- 29.8 The home makes satisfactory arrangements for the repair and maintenance of equipment in general or individual use, to ensure its continued safety.

Hygiene and Control of Infection

OUTCOME

The home is clean and hygienic.

STANDARD 30

- 30.1 The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation, published professional guidance and the purpose of the home.**
- 30.2 Laundry facilities are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on service users.
- 30.3 Hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.
- 30.4 The laundry floor finishes are impermeable and these and wall finishes are readily cleanable.
- 30.5 Policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; handwashing.
- 30.6 The home has a sluicing facility where appropriate and, in care homes providing nursing, a sluicing disinfectant.
- 30.7 Foul laundry is washed at appropriate temperatures (minimum 65° C for not less than 10 minutes) to thoroughly clean linen and control risk of infection.
- 30.8 Washing machines have the specified programming ability to meet disinfection standards (where applicable).
- 30.9 Services and facilities comply with the Water Supply (Water Fittings) Regulations 1999.

7

Staffing

INTRODUCTION TO STANDARDS 31 TO 36

Section 7 sets out standards for the provision and maintenance of a staff team with the qualities, qualifications, training and support required to meet the stated purpose of the home and the assessed needs of the people who live in it.

Probably the most important factor for younger adults living in care homes is the staff who work there. Service users who participated in the consultation workshops stressed the importance of staff who are accessible and approachable; good listeners and communicators; reliable and honest; interested and motivated; and competent to carry out the tasks required of them. Continuity and stability of staff support were a concern for many service users.

Many service users expressed frustration and anger about staff who do not listen to them or understand their needs regarding, for example, their disability, culture, communication problems or specialist programme. Service users stressed the importance of receiving support from staff who know, for example, their likes and dislikes, their preferred communication method or moving and transferring techniques, and how to use their disability equipment. Service users have a right to be supported by staff who respect them and their possessions, and their lifestyle choices and preferences, as detailed in the Service User Plan.

For care home managers, a quality workforce requires attention to issues of recruitment, training and development, skill mix and numbers, and supervision and support. The NMS require managers to ensure that staff understand the purpose of the home and the key values that underpin the standards. These standards require that staff have clear job descriptions linked to meeting service users' assessed needs and individual goals. Emphasis will be placed on developing staff training to meet Sector Skills Council workforce targets, and on supporting staff to gain qualifications meeting TOPSS specifications. These standards do not set detailed specifications for staffing levels and skill mixes. However the home should be able clearly to demonstrate that staff members individually, and the staff team as a whole, can meet service users' individual assessed needs and fulfil the stated purpose of the home. The Department of Health will be issuing guidance regarding registered nursing and care staff.

See also:

Residential Forum (1988), *Training for Social Care*.

G Bailey (2000), *Managers as Trainers*.

Leonard Cheshire and SCA (2000), *Social Care Practice Handbook*.

Roles

OUTCOME

Service users benefit from clarity of staff roles and responsibilities.

STANDARD 31

- 31.1 The registered manager ensures that staff have clearly defined job descriptions and understand their own and others' roles and responsibilities.**
- 31.2 Staff know and support the main aims and values of the home, understand and implement the home's policies and procedures, and know how their work, and that of other staff (including key workers), promotes the main aims of the home.
- 31.3 Staff job descriptions are linked to achieving service users' individual goals as set out in the Service User Plan.
- 31.4 Staff get to know and develop a relationship with the service users they support, and are able to meet individual needs with particular attention to gender, age, cultural background and personal interests.
- 31.5 Staff are familiar with and comply with standards of conduct and practice set by the General Social Care Council (GSCC); nursing staff and all allied health professionals comply with the standards of conduct and practice established by their regulatory bodies.
- 31.6 Staff are aware of their own knowledge and skill limitations and know when it is appropriate to involve someone else with more specific expertise.
- 31.7 The contribution of volunteers supplements and does not replace paid staff roles; volunteers do not undertake tasks which are the responsibility of paid staff.

Qualities and Qualifications

OUTCOME

Service users are supported by competent and qualified staff.

STANDARD 32

- 32.1 Staff have the competencies and qualities required to meet service users' needs and achieve Sector Skills Council workforce strategy targets within the required timescales.**
- 32.2 Staff respect service users and have attitudes and characteristics that are important to them. They are:
- i. accessible to, approachable by, and comfortable with service users;
 - ii. good listeners and communicators;
 - iii. reliable and honest; and
 - iv. interested, motivated and committed.
- 32.3 Staff have the skills and experience necessary for the tasks they are expected to do, including:
- i. knowledge of the disabilities and specific conditions of service users;
 - ii. specialist skills to meet service users' individual needs, including skills in communication and in dealing with anticipated behaviours;
 - iii. understanding of physical and verbal aggression and self-harm as a way of communicating needs, preferences and frustrations;
 - iv. understanding of the cultural and religious heritage of each service user;
 - v. techniques for rehabilitation including treatment and recovery programmes, the promotion of mobility, continence and self care, and outreach programmes to re-establish community living;
 - vi. appreciation of, and ability to balance, the particular and fluctuating needs of individuals and the needs of all service users; and
 - vii. professional relationships with e.g. GPs, social workers, nurses, psychiatrists, therapists and staff working in other care homes and community and specialist agencies.
- 32.4 Trainees (including all staff under 18) are registered on a Sector Skills Council standard training programme, work only under the direct supervision of qualified staff and do not undertake intimate personal care tasks.
- 32.5 Care staff hold a care NVQ 2 or 3 (or a nursing qualification if providing nursing care); are working to obtain one by an agreed date; or the registered manager can demonstrate that through past work experience staff meet that standard.
- 32.6 50% of care staff (including agency staff) in the home achieve a care NVQ 2 [by 2005].

Staff Team

OUTCOME

Service users are supported by an effective staff team.

STANDARD 33

- 33.1 The home has an effective staff team, with sufficient numbers and complementary skills to support service users' assessed needs at all times.**
- 33.2 The numbers and skill mix of staff on duty (including domestic staff), day or night, ensure the following activities are carried out effectively and efficiently to meet the individual and collective needs of service users:
- i. uninterrupted work with individuals;
 - ii. administration, organisation and communication;
 - iii. day to day running of the home; and
 - iv. management of emergencies.
- 33.3 The ratios of care staff to service users must be determined according to the assessed needs of residents, and a system operated for calculating staff numbers required, in accordance with guidance recommended by the Department of Health.
- 33.4 Records show low rates of turnover and sick leave, and low use of agency/bank staff; where used, there is a core team of agency/bank staff who know the service users and understand the home's way of working.
- 33.5 Where indicated, specialist services are secured from relevant professions to support the assessed needs of service users (including physio-and occupational therapists in homes providing intermediate care/rehabilitation; and trained nurses in homes providing nursing care).
- 33.6 The staff team reflects the cultural/gender composition of service users.
- 33.7 Trainees (including all staff under 18) make up less than 20% of the total care hours and there is no more than one trainee on duty at any time.
- 33.8 Regular staff meetings take place (minimum six per year) and are recorded and actioned.
- 33.9 There are staff on duty at all times who can communicate with service users in their first language including sign; and have skills in other communication methods relevant to service users' needs (eg block alphabet, braille, finger spelling, Makaton, total communication, manual deafblind language, moon, personal symbols).
- 33.10 Staff providing intimate personal care for service users are at least age 18; staff left in charge of the home are at least age 21.
- 33.11 Staffing levels are regularly reviewed to reflect service users' changing needs.

Recruitment

OUTCOME

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

STANDARD 34

- 34.1 The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.**
- 34.2 Two written references are obtained before making an appointment and any gaps in the employment record explored.
- 34.3 New staff are confirmed in post only following completion of a satisfactory police check, satisfactory check of the Protection of Children and Vulnerable Adults and UKCC registers.
- 34.4 Service users are actively supported to be involved in staff selection, and are supported through the processes of joining and departure of staff.
- 34.5 Staff are employed in accordance with, and are given copies of, the codes of conduct and practice set by the GSCC.
- 34.6 All staff receive statements of terms and conditions.
- 34.7 All staff appointments are subject to a minimum three-month probationary period and service users are involved in their review.
- 34.8 The recruitment and selection of volunteers is thorough and includes police and POVA/POCA checks.

Training and Development

OUTCOME

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

STANDARD 35

- 35.1 The registered person ensures that there is a staff training and development programme which meets Sector Skills Council workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.**
- 35.2 The home has a training and development plan, dedicated training budget, and designated person with responsibility for the training and development programme.

- 35.3 All staff receive structured induction training (within six weeks of appointment) and foundation training (within six months of appointment) to Sector Skills Council specification (including training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the service user group, and the influences and particular requirements of the service setting).
- 35.4 All staff receive equal opportunities training, including disability equality training provided by disabled trainers; and race equality and anti-racism training.
- 35.5 Each staff member has an individual training and development assessment and profile [by 2004], and at least five paid training and development days (pro rata) per year.
- 35.6 A training needs assessment is carried out for the staff team as a whole, and an impact assessment of all staff development is undertaken to identify the benefits for service users and to inform future planning.
- 35.7 Training and development are linked to the home's service aims and to service users' needs and individual Plans; and service users are involved in determining staff training needs and plans.
- 35.8 Staff working in learning disability services use Learning Disability Award Framework-accredited training to provide underpinning knowledge for progress towards achieving R/NVQs.

Supervision and Support

OUTCOME

Service users benefit from well supported and supervised staff.

STANDARD 36

- 36.1 Staff receive the support and supervision they need to carry out their jobs.**
- 36.2 There are established arrangements for managers to brief staff, and for managers to receive direct feedback from staff.
- 36.3 Staff who supervise colleagues are trained, and are supported/supervised by senior staff.
- 36.4 Staff have regular, recorded supervision meetings at least six times a year with their senior/manager in addition to regular contact on day to day practice (fortnightly where there is no regular contact; pro-rata for part-time staff), covering:
 - i. translation of the home's philosophy and aims into work with individuals;
 - ii. monitoring of work with individual service users;
 - iii. support and professional guidance; and
 - iv. identification of training and development needs.

- 36.5 Staff have access to specialist supervision as indicated by service users' assessed needs.
- 36.6 Staff have an annual appraisal with their line manager to review performance against job description and agree career development plans.
- 36.7 Staff have copies of the home's written grievance and disciplinary procedures.
- 36.8 Procedures are in place for dealing with physical aggression towards staff (see also Standard 23 – "Protection").

8

Conduct and management of the home

INTRODUCTION TO STANDARDS 37 TO 43

The standards in Section 8 cover the policies, procedures and practices that must be carried out by the registered provider and/or manager in order to ensure that the care home fulfils its stated purpose and objectives, and meets the needs of the people who live there.

The calibre of the registered manager is critical to the quality of the care home. This section sets standards relating to the qualifications, responsibilities and training requirements of the registered manager that will ensure the effective day-to-day running of the home.

Proprietors/managers will be expected to have procedures in place, suitable for the size and purpose of the home, to ensure the short- and long-term viability of the home, including a business and financial plan.

The Standards for Care Homes for Adults (18–65) highlight the importance of listening to service users and involving them in all aspects of life in the home. A competent and skilled manager will foster an atmosphere of openness and respect, in which service users, family, friends and staff all feel valued and that their opinions matter. Care homes are required to have a quality assurance and quality monitoring system, including provision for asking service users for their opinions and publishing the results of this survey. It is not essential to subscribe to an external system although many providers do and there are good examples to choose from.

See also:

Residential Forum (1997), *Managing a Home from Home*.

Health and Safety Executive (1993), *Health and Safety in Residential Care Homes*.

J Burton (1998), *Managing Residential Care*.

C Payne (1994), *Evaluating Quality of Care*.

Day-to-Day Operations

OUTCOME

Service users benefit from a well run home.

STANDARD 37

- 37.1 The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.**
- 37.2 The registered manager:
- i. has at least two years significant management/supervisory experience in a relevant care setting within the past five years; and
 - ii. qualifications at level 4 NVQ in both management and care [by 2005]; OR
 - iii. where nursing care is provided by the home, is a first level registered nurse and has a level 4 NVQ in management [by 2005].
- 37.3 The registered manager has overall responsibility, set out in a job description, to ensure that:
- i. written aims and objectives of the home are achieved;
 - ii. policies and procedures are implemented;
 - iii. the home's budget is properly managed;
 - iv. certificates and licenses are obtained and displayed;
 - v. each service user has a written contract/statement of terms and conditions and that the terms of the contract/statement are fulfilled; and
 - vi. the home complies with the Care Standards Act and Regulations, General Social Care Council codes of practice and other legal requirements.
- 37.4 The registered manager undertakes periodic training and development meeting TOPSS specifications, to maintain and update his/her knowledge, skills and competence while managing the home.

Ethos

OUTCOME

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

STANDARD 38

- 38.1 The management approach of the home creates an open, positive and inclusive atmosphere.**

- 38.2 The registered manager communicates a clear sense of direction and leadership which staff and service users understand and are able to relate to the aims and purpose of the home.
- 38.3 The registered manager has strategies for enabling staff, service users and other stakeholders to voice concerns and to affect the way in which the service is delivered (see Standard 22 – “Concerns and complaints”).
- 38.4 The processes of managing and running the home are open and transparent.
- 38.5 Management planning and practice encourage and reward innovation, creativity, development and change.
- 38.6 A commitment is made to equal opportunities in the organisation.

Quality Assurance

OUTCOME

Service users are confident their views underpin all self-monitoring, review and development by the home.

STANDARD 39

- 39.1 Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure success in achieving the aims, objectives and statement of purpose of the home.**
- 39.2 There is an annual development plan for the home, based on a systematic cycle of planning-action-review, reflecting aims and outcomes for service users.
- 39.3 There is continuous self-monitoring, using an objective, consistently obtained and reviewed and verifiable method (preferably a professionally recognised quality assurance system) and involving service users; and an internal audit takes place at least annually.
- 39.4 The results of service user surveys are published and made available to service users, their representatives and other interested parties including the NCSC.
- 39.5 The registered manager and staff can demonstrate year on year development for each service user, linked to implementation of the individual Plan.
- 39.6 Feedback is actively sought from service users (with support from independent advocates as appropriate) about services provided through e.g. anonymous user satisfaction questionnaires and individual and group discussion, as well as evidence from records and life plans; and informs all planning and review.
- 39.7 The views of family, friends and advocates and of stakeholders in the community (e.g. GPs, teachers, chiropodist, audiologist, voluntary organisation staff) are sought on how the home is achieving goals for service users.

- 39.8 Service users are told about planned NCSC inspections and are given access to inspectors, in private, with interpreters/advocates as required, and the views of service users are made available to NCSC inspectors for inclusion in inspection reports.
- 39.9 Policies, procedures and practices are regularly reviewed in light of changing legislation and of good practice advice from the Department of Health, local/health authorities, and specialist/professional organisations.
- 39.10 Action is progressed within agreed timescales to implement requirements identified in NCSC inspection reports.

Policies and Procedures

OUTCOME

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

STANDARD 40

- 40.1 The home's written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 3.**
- 40.2 Policy statements are appropriate to the setting and cover:
 - i. general policy content;
 - ii. organisation for carrying out the policy; and
 - iii. arrangements for carrying out the policy.
- 40.3 Staff have access to up-to-date copies of, and understand and apply, all policies, procedures and codes of practice.
- 40.4 Service users have access to relevant policies, procedures and codes of practice, in appropriate formats, and staff have tried to explain them to service users.
- 40.5 Staff are fully involved in developing policies and procedures, and service users have opportunities to help in their formulation.
- 40.6 All policies, procedures, codes of practice and records are signed by the registered manager and are dated, monitored, reviewed and amended.

Record Keeping

OUTCOME

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

STANDARD 41

- 41.1 Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.**
- 41.2 Service users have access to their records and information about them held by the home, and opportunities to help maintain their personal records.
- 41.3 Individual records and home records are secure, up to date and in good order; and are constructed, maintained and used in accordance with the Data Protection Act 1998 and other statutory requirements.

Safe Working Practices**OUTCOME**

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

STANDARD 42

- 42.1 The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.**
- 42.2 The registered manager ensures safe working practices including:
 - i. moving and handling: use of techniques for moving people and objects that avoid injury to services users or staff;
 - ii. fire safety – understanding of fire precautions equipment and fire escape routes with which the premises are provided and of the procedures to be adopted in the event of a fire alarm being raised;

- iii. first aid – knowledge of how to deal with accidents and health emergencies, provision of a first aid box and a qualified first aider at all times, and recording of all cases;
 - iv. food hygiene – correct storage and preparation of food to avoid food poisoning; and
 - v. infection control – understanding and practice of measures to prevent spread of infection and communicable diseases.
- 42.3 The registered manager ensures the health and safety of service users and staff including:
- i. safe storage and disposal of hazardous substances;
 - ii. regular servicing of boilers and central heating systems under contract by competent persons (e.g. members of Council of Registered Gas Installers (CORGI));
 - iii. maintenance of electrical systems and electrical equipment;
 - iv. regulation of water temperature, and design solutions to control risk of Legionella and risk from hot water/surfaces, based on assessment of the capabilities and needs of service users (i.e. temperature close to 43° C);
 - v. provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to service users;
 - vi. maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment;
 - vii. security of the premises; and
 - viii. security of service users based on assessment of their vulnerability.
- 42.4 The registered manager ensures compliance with relevant legislation including:
- i. Health and Safety at Work Act 1974;
 - ii. Management of Health and Safety at Work Regulations 1999;
 - iii. Workplace (Health, Safety and Welfare) Regulations 1992;
 - iv. Provision and Use of Work Equipment Regulations 1992;
 - v. Electricity at Work Regulations 1989;
 - vi. Health and Safety (First Aid) Regulations 1981;
 - vii. Control of Substances Hazardous to Health Regulations (COSHH) 1999;
 - viii. Manual Handling Operations Regulations 1992;
 - ix. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995;
 - x. Gas Safety (Installation and Use) Regulations 1998;
 - xi. The Personal Protective Equipment at Work Regulations 1992;
 - xii. Health and Safety (Display Screen Equipment) Regulations 1992; and
 - xiii. Fire Precautions Act 1971 and Fire Precautions (Workplace) Regulations 1997 as amended.

- 42.5 The registered manager provides a written statement of the policy, organisation and arrangements for maintaining safe working practices.
- 42.6 The registered manager ensures that risk assessments are carried out for all safe working practice topics covered in Standards 42.2 and 42.3, and that significant findings of the risk assessment are recorded.
- 42.7 All accidents, injuries, incidents of illness or communicable disease, or the death of a service user, are recorded and reported.
- 42.8 Safety procedures are posted, and explained, in formats that are easily understood and take account of service users' special communication needs.
- 42.9 All staff receive induction and foundation training and updates to meet TOPSS specification on all safe working practice topics in Standards 42.2 and 42.3 (see Standard 35.3 – 'Training and development').

Conduct of the Service

OUTCOME

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

STANDARD 43

- 43.1 The overall management of the service (within or external to the home) ensures the effectiveness, financial viability and accountability of the home.**
- 43.2 There is a business and financial plan for the home and the service, open to NCSC inspection and reviewed annually.
- 43.3 Systems are in place to ensure:
 - i. financial planning, budget monitoring and financial control;
 - ii. human resources planning including assurance of financial acumen;
 - iii. selection, training, supervision and appraisal of registered managers; and
 - iv. quality monitoring.
- 43.4 Insurance cover is put in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixture, fittings and equipment.
- 43.5 Insurance cover is provided for business interruption costs (including loss of earnings) as well as costs to the operator of meeting its contract liabilities. The latter must be sufficient to cover the registered person's legal liabilities to employees, service users and third party persons to a limit commensurate with the level and extent of activities undertaken or to a minimum of £5 million.

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

**National Minimum Standards
for Care Homes
for Adults (18–65) –
Supplementary Standards for
care homes accommodating
young people aged 16 and 17**

Introduction

The Adults (18–65) Standards and outcomes apply to care homes accommodating 16 and 17 year olds during their transition to adulthood. The Supplementary Standards set out in this section cover the needs of younger people aged 16 and 17 years. The first part of the Standard mirrors the relevant Standard set out in the Adult (18–65) Standards and is in italics to highlight the fact that it is not a new standard. The paragraphs in normal type reflect the Supplementary Standards that should be applied.

It is expected that the registration of care homes that are to take 16 and 17 year olds will be conditional on the homes accommodating 16–25 year olds only. Care homes should not accommodate children under the age of 16.

1

Choice of home

Information

STANDARD 1

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

In addition to the requirements in Standards 1.1–1.4, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 1.5** The statement of purpose describes what the home sets out to do specifically for young people aged 16 and 17, and including arrangements for leaving care/the transition to adulthood.

Needs Assessment

STANDARD 2

- 2.1** *New service users are admitted only on the basis of a full assessment undertaken by people competent to do so, involving the prospective service user using an appropriate communication method and with an independent advocate as appropriate.*

In addition to the requirements in Standards 2.1–2.8, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 2.9** The registered person ensures that each young person has a placement plan which sets out assessed needs, the objectives of the placement, and how these are to be met by the registered provider on a day-to-day basis, the contribution to be made by the staff of the home, and how the effectiveness of the placement is to be assessed.

2

Individual needs and choices

Service User Plan

STANDARD 6

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

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

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

Risk Taking

STANDARD 9

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

In addition to the requirements in Standards 9.1–9.4, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

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

3

Lifestyle

Personal Development

STANDARD 11

- 11.1** *Staff enable service users to have opportunities to maintain and develop social, emotional, communication and independent living skills.*

In addition to the requirements in Standards 11.1–11.4, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 11.5 The home helps service users prepare for leaving care, including:
- i. developing and maintaining social and sexual relationships;
 - ii. developing self esteem;
 - iii. developing practical, daily life knowledge and skills; and
 - iv. preparing for the world of work and for coping with unemployment and/or isolation.

Education and Occupation

STANDARD 12

- 12.1** *Staff help service users to find and keep appropriate jobs, continue their education or training, and/or take part in valued and fulfilling activities.*

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

- 12.7 Each service user's individual plan contains details of educational history, progress and achievements, and relevant reports (such as the Personal Education Plan).
- 12.8 The individual plan explicitly addresses the service user's education (including school, further or higher education) and covers:
- i. whether the service user's needs will be met by attending a particular educational establishment;
 - ii. any special educational needs and how they will be met;
 - iii. promoting school (or college) attendance;
 - iv. parental/social worker involvement in education;
 - v. dates of national examinations such as GCSE, AS, and A levels;

- vi. arrangements for travelling to and from school;
 - vii. staff with responsibility for liaising with schools, careers service, job centre employment agencies and local employers as appropriate; and
 - viii. further education, training and employment of each service user over school age.
- 12.9 Staff are familiar with the educational histories and the educational needs of young people in the home.
- 12.10 Service users are given full access to education facilities, and are provided with facilities that are conducive to study, and are encouraged to do homework and given help if they wish.
- 12.11 Staff (usually the key worker) attend parents' meetings and other school events which are normally attended by parents.

Leisure

STANDARD 14

- 14.1 *Staff ensure that service users have access to, and choose from, a range of appropriate leisure activities.***

In addition to the requirements in Standards 14.1–14.6, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

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

Meals

STANDARD 17

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

In addition to the requirements in Standards 17.1–17.9, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 17.10 The home seeks medical advice if a service user consistently refuses to eat, and for those who over-eat or have any other eating disorders.

4

Personal support

Health Care

STANDARD 19

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

In addition to the requirements in Standards 19.1–19.5, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

- 19.6 The home provides guidance, advice and support on alcohol and illegal substance abuse, smoking, sex education, HIV infection, hepatitis and sexually transmitted diseases.
- 19.7 Staff do not smoke with or in the presence of children accommodated in the home. Only in particular circumstances and with the registered provider's express permission do staff have a small alcoholic drink whilst on duty (e.g. Christmas lunch). Under no circumstances does a member of staff use any illegal drug or other substance in the home nor does a member of staff take any such substance into the home.

5

Concerns, complaints and protection

Protection

STANDARD 23

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

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

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

- 23.11 The registered manager has liaised with the local Social Services Department's Child Protection Co-ordinator (or other senior officer responsible for child protection matters in that department) to seek advice about local procedures and practice, and has discussed how the practices in the home relate to these regarding keeping children safe, responding to allegations or suspicions of abuse, methods of control and risk taking. Any conflicts between locally agreed procedures and those of other placing authorities have also been discussed.
- 23.12 There is written guidance for staff which makes clear the ways in which the registered manager of the home will ensure that members of staff subject to allegations against them will have access to information and support whilst an investigation ensues.
- 23.13 Procedural guidance for staff clearly demonstrates the systems required in order to protect children and minimise the risk of abuse whilst the child is living in the home. This includes guidance on:
- i. making a full assessment of children's histories and any experience of abuse;
 - ii. observing contacts between children;
 - iii. supervision of children;
 - iv. supervision and support of staff;
 - v. recognition of possible involvement of children in prostitution;
 - vi. confidentiality;
 - vii. physical contact between staff and children;
 - viii. one to one time alone by staff with children;
 - ix. intimate care and invasive procedures; and
 - x. administering medication.
- 23.14 The registered person ensures the provision of training for all staff, including ancillary staff, agency staff and volunteers, in the prevention of abuse, recognition of abuse (including its recognition in non-verbal children), dealing with disclosures or suspicions of abuse, and the home's child protection procedures. This training is included in induction programmes for new staff, including temporary or agency staff, and is ongoing for the staff group in keeping with the aims and objectives of the home.
- 23.15 The registered manager and staff have routine links with other agencies concerned with child protection, e.g. the placing authority, schools, hospitals, general practitioners, etc. and do not work in isolation from them.
- 23.16 The registered manager follows any local interagency protocols on prevention and investigation of child prostitution.

Countering Bullying

- 23.17 The home has, and follows, a policy on countering bullying which is known to service users and staff, which includes:
- i. a definition of bullying, which is reviewed frequently with staff and service users, and which includes bullying by staff and bullying that may occur elsewhere than in the home and which covers different types of bullying, e.g. on the grounds of race, gender, disability or sexual orientation, and which includes name-calling;
 - ii. measures to prevent bullying and to respond to observed or reported bullying;
 - iii. training for staff in awareness of, and effective strategies to counter, bullying.
- 23.18 Service users who are bullied are supported, and those who may bully others are given suitable guidance.

Absence without Authority

- 23.19 The written procedures of the home identifying action to be taken when a child is absent without authority cover the following areas:
- i. searching for any child missing or believed to have run away from the home;
 - ii. reporting missing children to the police, to the child's placing authority, and to others (including parents) subject to consultation with the placing authority;
 - iii. action to obtain information about the whereabouts of a missing child and to try to ensure the safety and welfare of that child;
 - iv. the collection and return of missing children when found; and
 - v. action to be taken on the child's return, allowing for any individual arrangements based on the needs of the child as agreed in his/her residential plan.

6

Environment

Individual Rooms

STANDARD 25

- 25.1** *The registered person provides each service user with a bedroom which has useable floor space sufficient to meet individual needs and lifestyles.*

In addition to the requirements in Standards 25.1–25.8, homes accommodating young people aged 16 and 17 meet the following supplementary standards:

- 25.9 Students living in specialist colleges may share a double room.
- 25.10 Service users do not share bedrooms with others of significantly different age (other than, by choice, with siblings following assessment of risk), or with those of the opposite sex.
- 25.11 The home provides facilities for children to study, which are quiet, with sufficient seating and desk or table space, adequately lit, with adequate storage for books and study materials, and available when needed for study purposes.

7

Staffing

Qualities and Qualifications

STANDARD 32

- 32.1** *Staff have the competencies and qualities required to meet service users' needs and achieve Sector Skills Council workforce strategy targets within the required timescales.*

In addition to the requirements in Standards 32.1–32.6, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 32.7** 80% of care staff working with service users aged 16 and 17 have completed the level 3 Caring for Children and young People NVQ by 1st April 2005 or are working to achieve this qualification.

Staff Team

STANDARD 33

- 33.1** *The home has an effective staff team, with sufficient numbers and complementary skills to support users' assessed needs at all times.*

In addition to the requirements in Standards 33.1–33.11, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 33.12** Staff left in charge of young people aged 16 and 17 are aged at least 21.

Training and Development

STANDARD 35

- 35.1** *The registered person ensures that there is a staff training and development programme which meets Sector Skills Council workforce training targets and ensures staff fulfil the aims of the home and meet the changing needs of service users.*

In addition to the requirements in Standards 35.1–35.8, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

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

8

Conduct and management of the home

Record Keeping

STANDARD 41

- 41.1** *Records required by regulation for the protection of service users and for the effective and efficient running of the business are maintained, up to date and accurate.*

In addition to the requirements in Standards 41.1–41.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

- 41.4** Individual records of service users aged 16 and 17 contain the additional information required by Children's Homes Regulations Schedule 3.

Appendices

Appendix 1

Glossary – Care Homes for Adults (18–65)

Abuse

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

Assessment

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

Care Home

An establishment providing accommodation with personal or nursing care.

Care Management

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

Care Programme Approach (CPA)

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

Care Plan

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

Contract

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

First Time Registration

For the purposes of applying the standards, care homes which were in use immediately before April 2002 but were previously exempt from registration, such as “Royal Charter” homes and local authority homes, will NOT be treated as first time registrations and will only have to meet the “normal” standards.

Independent Advocate

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

Intermediate Care

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

Keyworker

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

Leaving Care Plan

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

Local Area Child Protection Committee

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

Outcome

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

Passenger Lift

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

Personal Care

Includes assistance with bodily functions where required.

Personal Education Plan

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

Physical Intervention

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

Policy

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

Pre-existing Care Home

For the purposes of applying the standards a pre-existing care home is one which existed immediately before 1 April 2002, whether or not registered under the Registered Homes Act 1984.

Procedure

The steps taken to fulfil a policy.

Registered Manager – see Registered Person**Registered Person**

A person who either: carries on the home and is registered with the National Care Standards Commission to do so (the registered provider); or manages the home and is registered with the National Care Standards Commission to do so (the registered manager). In some cases, the registered provider may also manage the home.

Registered Provider – see Registered Person**Representative**

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

Service User

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

Service User Plan

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

Staff

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

Standard

A measure by which quality is judged.

TOPSS

The Sector Skills Council for Social Care.

Usable Floor Space

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

Volunteer

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

Wheelchair User

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

Appendix 2

Policies and Procedures

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

- Absence without authority
- Adult protection and prevention of abuse
- Aggression towards staff
- Bullying
- Communicable diseases and infection control (Public Health Medicine Environmental Group guidelines)
- Concerns and complaints
- Confidentiality and disclosure of information
- Contact with/visits by family and friends
- Control of exposure to hazardous waste (COSSH)
- Control, administration, recording, safekeeping, handling and disposal of medicines including non-compliance
- Discharge, including planned discharge, and termination or self-discharge at short notice.
- Emergency admission and detention (Mental Health Act 1983) Emergencies and crises
- Equal opportunities and race equality (Race Relations Act 1996; Sex Discrimination Act 1975 & 1986; Disability Discrimination Act 1995)
- Fire safety
- Food safety and nutrition
- Health and safety (Health and Safety at Work Act 1974)
- Hygiene and food safety (Food Safety Act 1990 and Regulations 1995)
- Individual planning and review
- Induction and foundation training
- Management of service users' money and financial affairs
- Nursing/treatment/guardianship under Mental Health Act/Regulations 1983 and Mental Health Act Code of Practice 1983
- Physical intervention
- Racial harassment occurring between service users; between staff; by staff; or by service users on staff
- Record keeping and access to files
- Recruitment and employment including redundancy
- Referral and admission
- Risk assessment and management
- Sexuality and relationships
- Smoking, and use of alcohol and substances by users, visitors and staff
- Staff grievances and disciplinary action
- Whistle blowing
- Working with volunteers

Appendix 3

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ISBN 0-11-322607-1



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ADULT AND COMMUNITY SERVICES SCRUTINY FORUM REPORT

27 August 2008



Report of: Scrutiny Support Officer

Subject: QUALITY OF CARE HOMES PROVISION IN
HARTLEPOOL – EVIDENCE FROM THE
AUTHORITY'S PORTFOLIO HOLDER FOR ADULT
AND PUBLIC HEALTH – COVERING REPORT

1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that the Portfolio Holder for Adult and Public Health has been invited to attend this meeting to provide evidence in relation to the ongoing investigation into the 'Quality of Care Homes Provision in Hartlepool'.

2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 23 July 2008, the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation.
- 2.2 Consequently, the Authority's Portfolio Holder for Adult and Public Health has been invited to this meeting to provide evidence to the Forum in relation to his responsibilities, and views on, the quality of care homes provision.
- 2.3 During this evidence gathering session with the Authority's Adult and Public Health Portfolio Holder, it is suggested that responses should be sought to the following key questions:-
- (a) What are your roles and responsibilities in relation to care home provision?
 - (b) What are your views on care home provision locally?
 - (c) What are your views on care home provision locally in comparison to national and regional standards?
 - (d) What initiatives and practices, if any, do you think have a significant and measurable impact on standards of care and quality of life for residents?

- (e) What areas of improvement if any, would you suggest to ensure acceptable standards in care are achieved?

3. RECOMMENDATION

- 3.1 That Members of the Forum consider the views of the Portfolio Holder for Adult and Public Health in relation to the questions outlined in section 2.3.

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BACKGROUND PAPERS

The following background paper was used in preparation of this report:-

- (a) Scrutiny Investigation into the Quality of Care Homes Provision in Hartlepool – Scoping Report (Scrutiny Support Officer) – 23.07.08