Care Homes for Younger Adults and Adult Placements

National Minimum Standards

Care Homes Regulations

Consultation Document
Web Access

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Introduction

This consultation document contains the draft Care Homes regulations, National Minimum Standards for Care Homes for Younger Adults and Adult Placements, Supplementary Standards for children aged 16 and 17 in Care Homes and a partial Regulatory Impact Assessment (RIA). Together with the National Minimum Standards for Care Homes for Older People, published 2 March 2001, these regulations and standards will in due course 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 earlier consultations on care homes for older people.

Regulatory Context

It is intended that the Registered Homes Act 1984 and the Residential Care Homes Regulations will be repealed from April 2002. Most aspects of existing regulations have been retained in the draft regulations but new dimensions have been introduced. For example, a key feature of the new regulatory proposals is that care homes should focus on the assessed needs of service users and tailor services to meet those needs. Regulations ensuring protection from harm or abuse will be strengthened, together with the requirement for service users to have access to appropriate procedures for dealing with complaints. A further important new requirement is that care homes should have a system for assuring quality that includes seeking the views of service users. This approach is consistent with other policies in developing Fair Access to Care Services (FACS) and the National Service Frameworks (NSF).

Section 22 of the CSA provides the powers for making regulations to govern the conduct of services to be regulated by the National Care Standards Commission (NCSC). The Commission will, in enforcing the regulations, take account of the standards issued under section 23 of the Act.

The CSA creates the NCSC, which will be an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. In addition, it extends the scope of regulation significantly to other services not currently registered, to include domiciliary care agencies, fostering agencies and residential family centres.
Section 23 of the Act gives powers to the Secretary of State to publish statements of national minimum standards that the NCSC must take into account when making its decisions. These standards will form the basis for judgements made by the NCSC regarding registration and the imposition of conditions for registration, variation of any conditions and enforcement of compliance with the Care Standards Act 2000 and associated regulations, including proceedings for cancellation of registration or prosecution.

The draft regulations with this consultation do not cover the requirements of registration or the frequency of inspection. Draft regulations setting the requirements to be met by all providers seeking registration under the CSA will be issued for consultation soon. In due course we will also consult on regulations covering the frequency of inspection for all services to be inspected by the Commission. We do not anticipate major changes for inspection frequencies in service areas currently regulated.

How Regulations and Standards work together

The relationship between the regulations and standards and how they operate in practice is very important. Regulations will be mandatory and care home providers must comply with them.

If a regulation is breached, the breach of which is an offence, providers will be given a notice setting out:

- the regulation breached;
- how the service is considered deficient;
- what must be done to remedy the deficiency;
- a time scale within which the deficiency must be remedied.

If the deficiency is not remedied, proceedings for prosecution may follow.

The sequence outlined above replicates current law/procedure and illustrates how the process escalates according to the response of the provider.

In future when the Commission makes a decision about a breach of regulations (or any decision to do with registration, cancellation, variation or imposition of conditions) it must take the national minimum standards into account. It may also take into account any other factors it considers reasonable or relevant to do so.

The Commission could decide there has been a breach of regulation even though standards have been largely complied with. But it must still decide what action, if any, to take. In practice, if the standards were not being met in a few respects, the NCSC would note this in its inspection report and send a written warning to the provider. If the standards were persistently being flouted and/or they were substantially or seriously being disregarded, the NCSC would take enforcement action as outlined above. Even in this event, there is an opportunity for providers to take action to improve the position before a summons and prosecution ensue.
Regulatory Impact

The draft partial Regulatory Impact Assessment (RIA) attached to this document provides an estimate of the likely cost of complying with these new regulations and standards. It is not definitive and we hope that those responding to this consultation paper will provide any information they have about the likely impact of the new framework from their perspective. The RIA will be revised when this consultation has ended.

Consultation

The Department of Health is now issuing these standards and regulations for consultation nationally to Local Authorities and Health Authorities in England, individual providers and their representative organisations, service users and their carers/representatives, and other interested bodies including the social care and nursing professions. Comments are invited on all aspects of the proposed new regulations, standards and regulatory impact assessment. These will be revised as appropriate in the light of comments received.

You are invited to submit your comments on the draft regulations and standards with particular reference to the following issues:

1. Do you think they will meet the objectives of safeguarding and promoting the health, wellbeing and social inclusion of service users?

2. The standards are all aimed at securing for service users a good quality of life and active participation in how their support is provided. Has the right balance been struck between practical, tangible standards and those that focus on demonstrating quality? If not, how would you suggest they be altered?

3. The regulations and standards are intended to cover comprehensively all aspects of the provision of residential care. Have any key issues been overlooked?

4. We intend that the regulations and standards should be service user centred and proportionate, achievable, and affordable, over time. Have we achieved these aims?

5. The standards have been drafted in a way which makes them applicable to a wide range of services, whilst ensuring that specialist needs are met. Do you think this approach meets the specialist needs of your service user group? If not, in what respect should they be different?

6. The drafting of the standards should ensure that they are suitable for small homes for up to 6 persons, as well as for larger establishments. Do you have any views about the appropriateness of this approach?
How to respond:

You may contact the Department of Health by letter or email. In order to ensure that we are able to keep track of all the information you send to us, would you please make sure your letter or email includes the following information:

- your name;
- your job title and background relevant to care homes;
- if you work in a care home, please give details of the type of home and care you provide;
- your comments on the draft regulations and standards work.

Please note that we may not be able to reply to you personally, but all comments will be taken into account as appropriate in preparing the final version of the standards and regulations.

You are welcome to pass this document (and the contact details for the consultation) on to interested colleagues, or to direct them to the website where they may download a copy.

The written address is:

Room 626  
Department of Health  
Wellington House  
133–155 Waterloo Road  
London SE1 8UG

The email address is:

MB-DH-adstandards@doh.gsi.gov.uk
National Minimum Standards for Care Homes for Younger Adults
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Introduction

Aims

This consultation document sets out draft National Minimum Standards for Care Homes for Younger Adults, 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 requirements which apply to all care homes providing accommodation and nursing or personal care for adults aged 18–65 who have:

- physical disabilities
- sensory disabilities
- learning disabilities
- autistic spectrum disorders
- mental health problems
- alcohol or substance misuse problems
- HIV/AIDS
- dual and/or complex multiple disabilities, including those who are deafblind.

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 required in order for a care home to deliver an individually tailored and comprehensive service. Some of the standards for the physical environment will be phased in for existing homes and these will include local authority, Charter Homes and other homes not currently registered. 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 are being separately developed.

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

A distinction has been drawn between small homes and adult placements, where the service user receives accommodation and personal care/support in the family home of the provider. The Government is keen to support adult placement schemes and not to overburden individual carers attached to such schemes. A separate set of standards has been drafted to reflect such family-based care. It is intended that a definition of adult placement providers will be introduced and that these should be exempt from certain regulations applying to larger homes.

Your views on this policy and the standards themselves would be welcome.

Children’s Annex

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.

However, we know from current provision that some services straddle both care groups. We wish to establish a framework that allows this to continue under certain circumstances only, namely those services catering for young people in transition. For example, young people with learning disabilities aged 16–25, for whom specific services to promote independence have been set up. A similar group might be young people with physical and/or complex disabilities.

In order to avoid such services having to register both as children’s and care homes, we have incorporated aspects of the relevant regulations and have produced the ‘supplementary standards for care homes accommodating young people aged 16 and 17’. These should be read in conjunction with the main standards.
Regulatory Context

The draft National Minimum Standards for Care Homes for Younger Adults are published for consultation by the Secretary of State for Health in accordance with section 23 of the Care Standards Act 2000 (CSA). It is intended that they should apply from 1 April 2002, unless otherwise stated in any standard.

The CSA reforms the regulatory system for care services in England and Wales. It replaces the Registered Homes Act 1984, and associated regulations, which are to be repealed from 1 April 2002. The CSA creates the National Care Standards Commission (NCSC), an independent, non-governmental public body, to regulate social and health care services previously regulated by local councils and health authorities. In addition, it extends the scope of regulation significantly to other services not currently registered, to include 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 healthcare establishments and agencies. Section 23 gives powers to the Secretary of State to publish statements of national minimum standards that the NCSC must take into account when making its decisions. These standards will form the basis for judgements made by the NCSC regarding registration and the imposition of conditions for registration, variation of any conditions and enforcement of compliance with the CSA and associated regulations, including proceedings for cancellation of registration or prosecution. The Commission will therefore consider the degree to which a regulated service complies with the standards when determining whether or not a service should be registered or have its registration cancelled, or whether to take any action for breach of regulations.

Project method

Commissioned by the Department of Health from independent consultants, the development of the National Minimum Standards for Care Homes for Younger Adults comprised two main strands: a programme of consultation with stakeholders; and a search for relevant documents and models of good practice.

Consultation programme

In order to find out what adults with disabilities and other stakeholders believe are the most important elements of and issues concerning care home provision, a series of consultation days were organised throughout the country as the starting point for the development of standards.

Separate events were convened for each of the adult service user groups covered by the standards, as well as for family carers and for providers, purchasers and regulators of homes. Shaped around a series of key questions, to enable comparison of data while allowing stakeholder control of the agenda, the workshops were
designed to ensure that messages from service users were at the heart of the consultation process. To explore the specialist needs and service requirements of different groups of service users, a one-day series of ‘surgeries’ was held at a later stage of the project. As part of the wider process of public consultation, the draft Standards were tested at service user feedback events.

The Department of Health, and the independent consultants, would like to thank all those who participated in the consultation process, and especially the many service users who contributed their time and shared their personal experiences of residential care and their ideas about how to ensure quality care home provision in the future.

A high degree of consensus emerged from the consultation about priority needs and issues, although the emphasis varied between workshops and between user groups. The evidence from these events forms the basis of the draft standards for Care Homes for Younger Adults.

**Literature and good practice search**

In parallel with the consultation process, a search for information about quality standards was carried out. The main sources of information were:

- a literature search, carried out by the Department of Health library; and
- a trawl, mainly through membership of the Reference Group, for examples of good practice and information about the needs of particular user groups and provider services.

The search supplemented research commissioned by the Department of Health from the Hester Adrian Research Centre, which looked at existing standards used by local and health authority inspection units. The results of the search helped confirm the structure and approach of the National Minimum Standards, and produced additional material to develop and refine the supporting criteria and evidence.

**Accountability**

A Reference Group (Appendix 1) was established to:

- advise the project consultants on the development of standards;
- contribute expert knowledge to the development of standards; and
- advise on and participate in specialist groups.

Members of the Reference Group were invited on the basis of their own expertise and/or their professional or organisational background; and to represent their organisation or professional body.
Structure and approach

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

- **Choice of home**: the information needed by service users, their individual needs assessment, the admission process and the contract between the service user and the care home;

- **Individual needs and choices**: service users’ individual plans of care including communication needs, advocacy and support; participation and decision-making; risk-taking and confidentiality; and future planning;

- **Lifestyle**: service users’ needs and goals for personal development, education and occupation; social inclusion, leisure and personal relationships; and daily routines and mealtimes;

- **Personal and healthcare support**: service users’ personal, nursing, healthcare and medication requirements, including continuity of support and support through ageing, illness and death;

- **Concerns, complaints and protection**: the process by which service users can express concerns and make complaints; and safeguards from abuse, neglect or self-harm;

- **Environment**: the care home’s buildings and premises, including service users’ own rooms, shared spaces, adaptations and equipment;

- **Staffing**: the roles and responsibilities of staff and volunteers; their qualities, qualifications and working practices; and their recruitment, training and development, supervision and support;

- **Conduct and management of the home**: the day-to-day running of the home by the registered manager; the ethos and quality control of the home; policies, procedures and record keeping including health and safety; and the overall management of the service.

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 must 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 the requirements are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers, and others;
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 Younger Adults:

- **Focus on service users.** Modernising Social Services (1998) calls for standards that ‘focus on the key areas that most affect the quality of life experienced by service users, as well as physical standards’ [4.48]. The consultation process for developing the standards, and recent research, confirm the importance of this emphasis on results for service users. In applying the standards, regulators will look for evidence that the facilities, resources, policies, activities and services of the home lead to positive outcomes for and the active participation of service users.

- **Fitness for purpose.** The regulatory powers provided by the CSA are designed to ensure that care home managers, staff and premises are ‘fit for their purpose’. In applying the standards, regulators will look for evidence that a home – whether providing a long-term placement, short-term rehabilitation, nursing care or specialist service – is successful in achieving its stated aims and objectives.

- **Comprehensiveness.** Life in a care home is made up of a range of services and facilities which may be of greater or lesser importance to different service users. In applying the standards, regulators will consider how the total service package offered by the care home contributes to the overall personal and health care needs and preferences of service users, and how the home works with other services/professionals to ensure the individual’s inclusion in the community.

- **Positive choice.** The consultation process confirms that some people live in care homes not through informed, positive choice but as a last resort. In applying the standards, regulators will look for evidence that service users are admitted to a home, and remain in a home, because that is where they want to be and where their needs can best be met.

- **Meeting assessed needs.** In applying the standards, inspectors will look for evidence that care homes meet assessed needs of service users and that individuals’ changing needs continue to be met. The assessment and service user plan carried out in the care home should be based on the care management individual plan and determination of registered nursing input (where relevant) produced by local social services and NHS staff where they are purchasing the service. The needs of privately funded service users should be assessed by the care home prior to a place being offered.

- **Quality services.** The 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.

**Key Values**

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

- **Autonomy** – promotion of individual autonomy, self-determination and choice, and control over decision-making;

- **Attainment** – recognition of individual ability and potential for personal development, and of the social and environmental barriers to achieving potential;

- **Citizenship** – maintenance of entitlements associated with citizenship under UK law and the Human Rights Act 1998, including protection from discrimination, harassment, exploitation or abuse, neglect, degrading or inhuman treatment;

- **Individuality** – respect for individuality, privacy and dignity, and maintenance of self-esteem in all situations;

- **Diversity** – respect for age, ethnic and cultural diversity, and promotion of equal opportunity;

- **Wellbeing** – promotion of physical, emotional and spiritual wellbeing;

- **Inclusion** – promotion of social and economic inclusion and participation in community life.
1 Choice of Home

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 prospective service user with a service users’ guide to the home.

1.2 The service users’ guide sets out clear and accessible information for service users including:
- a summary of the purpose of the home;
- a description of the accommodation, support and facilities (including any specialist services);
- the number of places provided and the people for whom the service is intended;
- relevant qualifications and experience of the registered provider, manager and staff;
- key contract terms covering admission, occupancy and termination of contract;
- fees charged, what they cover, and the cost of ‘extras’;
- service user’s views of the home (user surveys);
- a copy of the most recent inspection report, the complaints procedure, and information about how to contact the local office of the NCSC and local social services and healthcare authorities.

1.3 The service users’ guide and other information about the home are available in formats suitable for the people for whom the home is intended (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 trained to do so, involving the prospective service user using an appropriate communication method.

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 (i.e., without a Care Management Assessment/Care Plan) the home carries out a needs assessment (meeting the person in his/her own living environment where possible) covering:
- suitable accommodation and personal support;
- meaningful education, training and/or occupation;
- family/social contact;
- assessment and management of risk;
- adequate income;
- cultural and faith needs;
- physical and mental health care;
- specific condition-related needs and specialist input;
- provision of disability equipment, including arrangements for payment and supply;
- treatment/rehabilitation programme;
- method of communication;
- compatibility with others living in the home.

2.4 The home develops with each prospective service user an individual Service User Plan based on the Care Management Assessment and Care Plan or the home’s own needs assessment (see Standard 6 Service User Plan).

2.5 The registered nursing input required by service users in homes providing nursing care is determined by NHS registered nurses using a recognised assessment tool, according to Department of Health guidance.

2.6 Rehabilitation and therapeutic needs are assessed by state registered health professionals using regulated assessment methods.
2.7 Any potential restrictions on choice, freedom, services or facilities – based on specialist needs and risk – likely to become part of a prospective service user’s individual Plan, are discussed with the prospective service user during assessment.

2.8 Family carers’ interests and needs are taken into account, subject to the service user’s agreement.

**Meeting Needs**

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<td>Prospective service users know that the home they choose will meet their needs and aspirations.</td>
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**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 (eg services for people with mental health problems, sensory impairment, physical disabilities, learning disabilities, substance misuse problems, transition services, intermediate or respite care) are demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.

3.3 The needs and preferences of specific minority ethnic communities, and social/cultural or religious groups catered for are understood and met.

3.4 Staff individually and collectively have the skills and experience to deliver the services and care which the home offers to provide.

3.5 The 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 or rehabilitation are provided with clear information about the purpose, duration and requirements of the programme.

3.7 The home confirms that prospective service users are informed about independent advocacy/self-advocacy schemes throughout the process of choosing a home.

3.8 The home does not offer a place to someone whose needs it cannot meet, or with whom it cannot communicate, and provides a written explanation for refusal to the prospective service user (and Care Manager where applicable).

3.9 The home does not admit into long-term care any service user placed for intermediate/short-term care, unless and until the requirements regarding information, assessment and individual planning (Standards 1, 2, 3 and 6) are met. See also Standards 24.4 and 27.4 (facilities); 36.2 and 31.4 (staffing).
Trial 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 and to live in the home on a trial basis, before making a decision to move there, and unplanned admissions are avoided where possible.

4.2 A minimum half-day (preferably including overnight) visit to the home is offered, including an opportunity for the prospective service user (with family, friends, advocate, interpreters as appropriate) to:
   - meet service users (without staff or carers present if appropriate);
   - meet staff (without carers present if appropriate);
   - view the room in which the person would live and the common areas and grounds;
   - have a meal;
   - discuss how the home can meet the person’s requirements;
   - see the kind of records kept about service users.

4.3 A minimum three month trial ‘settling in’ period of residence is offered for placements of more than six months, followed by a review with the service user of the trial placement, during which existing users are consulted about the compatibility of the prospective new resident.

4.4 Emergency admission does not imply the right or requirement to stay in the same home, and service users placed in an emergency are fully assessed and relocated if the care provided is not appropriate to their needs.

4.5 When an emergency admission is made, the home undertakes to inform the service user within 48 hours about key aspects, rules and routines of the service, and to meet all other admission criteria set out in Standards 2–3 within five working days.
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:
- rooms to be occupied;
- terms and conditions of occupancy including period of notice (eg long-term home, short-term placement, planned respite, intermediate care/rehabilitation);
- personal support, facilities and services provided, including any specialist services/therapeutic intervention, and any policies or rules which may limit personal freedom;
- fees charged, what they cover, and when they must be paid and by whom, and the cost of facilities or services not covered by fees;
- rights and responsibilities of both parties, and who is liable if there is a breach of contract;
- a copy of the Service User Plan (see Standard 6) outlining the action/activities to achieve personal goals and lifestyle aspirations;
- arrangements for reviewing needs and progress, and updating the Service User Plan;
- elements of the Care Management Care Plan (where applicable) which are to be provided outside of the home.

5.3 Service users are supported by family, friends and/or advocate, as appropriate, when drawing up the Contract.

5.4 The Contract is in a format/language appropriate to each service user’s needs, and/or reasonable efforts have been made to explain the Contract to the service user.

5.5 The service user has a copy of the Contract, which has been signed by the service user and the registered manager.
Individual Needs and Choices

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 the personal and social support and healthcare needs, as set out in Standard 2.

6.3 The Plan sets out how current and anticipated specialist requirements will be met (for example through positive planned interventions; rehabilitation and therapeutic programmes; structured environments; development of language and communication; adaptations and equipment; one-to-one communication support).

6.4 The Plan describes any limitations on choice and freedom (agreed with the service user) imposed by a specialist programme (for mental health service users, in accordance with CPA 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 understands his/her racial and/or cultural heritage is allocated for each service user, with the full involvement of the service user.

6.9 The service user is made aware of the respective roles and responsibilities of the Care Manager/CPA Care Coordinator, 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 six monthly 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 handle their own finances; where support and tuition are needed, the reasons for and manner of support are documented and reviewed.

7.6 Limitations on facilities, choice or 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 home’s duties and responsibilities under law.

7.7 Where a DSS 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:

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

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

STANDARD 8

8.1 The registered person ensures that service users are offered opportunities to participate in the day-to-day running of the home and to contribute to the development and review of policies, procedures and services.

8.2 The home provides service users with comprehensive, accessible, understandable and up to date information, in suitable formats, about its policies, procedures, activities and services; and appropriate communication support.

8.3 Service users have opportunities to participate (and are enabled to participate through eg provision of interpreters and translators, training, documents in appropriate formats) including:

- joining staff meetings, policy groups and other forums;
- representation in management structures;
- involvement in selection of staff and of other service users;
- user satisfaction questionnaires, individual and group discussion (see Standard 37 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 put right identified risks and hazards, and service users are given training about their personal safety, to avoid limiting the service user’s preferred activity or choice.

9.4 The home responds promptly to unexplained absences by service users according to written procedure.

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 have access to the home’s policy and procedures on confidentiality and on dealing with breaches of confidentiality, and staff explain and/or ensure service users understand the policy.

10.3 Service users’ individual records are accurate, secure and confidential.

10.4 Staff know when information given them in confidence must be shared with their manager or others.

10.5 The home has a written agreement on confidentiality with all other social/health care agencies providing services to people living in the home, setting out the principles governing the sharing of information.
Personal Development

OUTCOME
Service users have opportunities for personal development.

STANDARD 11
11.1 Staff give service users opportunities to maintain and develop social, emotional, communication and independent living skills.
11.2 Service users have opportunities to learn and use practical life skills (eg assertion and confidence training), including user-led training.
11.3 Service users in treatment and recovery programmes receive effective, professionally validated interventions, counselling and therapy.
11.4 Service users with complex multiple disabilities are offered specialist interventions by trained staff.

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 meaningful activities.
12.2 Service users can continue to take part in activities engaged in prior to entering the home, if they wish, or re-establish activities if they change localities.
12.3 Staff help service users find out about and take up opportunities for further education, distance learning, and vocational, literacy and numeracy training.
12.4 Staff help service users develop and maintain links with careers advice services, local employers and job centres.

12.5 Staff help service users find out about and take up opportunities for paid, supported or volunteer jobs/therapeutic work placements or work-related training schemes.

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

Community Links and Social Inclusion

OUTCOME

Service users are part of the local community.

STANDARD 13

13.1 Staff provide opportunities for service users to become part of and participate in the local community in accordance with assessed needs and the individual Plans.

13.2 Staff enable service users’ integration into community life through:

- knowledge about and support for service users to make use of services, facilities and activities in the local community (e.g., shops, library, cinema, pubs, leisure centres, places of worship, cultural centres);
- awareness of service users’ rights of access to public facilities under the Disability Discrimination Act 1995;
- maintaining a neighbourly relationship with the community;
- ensuring information and advice are available about local activities, support and resources offered by specialist organisations;
- ensuring access to transport – local public transport, accessible taxis, dial-a-ride, the home’s own (unlabelled) vehicles – and support to use it, to enable service users to pursue their chosen lifestyle and activities.

13.3 Service users are enabled to be politically active and to vote.

13.4 Staff time with, and support for, service users outside the home – flexibly provided, including evenings and weekends – is a recognised part of staff duties (see Standards 29 Staff roles and 31 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

**STANDARD 14**

14.1 **Staff ensure that service users have access to and choose from a range of peer appropriate leisure activities.**

14.2 Service users are encouraged and supported to pursue their own interests and hobbies.

14.3 Service users have a choice of (or veto on) entertainment brought in to the home.

14.4 Service users in long-term placements have the option of a minimum one-week annual holiday outside the home, which they help choose and plan.

14.5 Group trips are planned and chosen by users who share the same interests.

Relationships

**STANDARD 15**

15.1 **Staff support service users to maintain family links and friendships inside and outside the home, within the framework of the individual Plan.**

15.2 Family and friends are welcomed, and their involvement in daily routines and activities is encouraged, with the service user’s agreement.

15.3 Service users choose whom they see and when; 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.

16.2 Staff enter service users’ bedrooms and bathrooms only with the individual’s permission and normally in their presence, and techniques are in place (eg doorbells, flashing lights, according to disability) to ensure privacy for all service users.

16.3 Service users have a key to their own bedroom/bathroom, which can be locked from inside and outside, and a key to the front door of the home.

16.4 Staff do not open service users’ mail without their agreement.

16.5 Staff use service users’ preferred form of address, which is recorded in the individual Plan.

16.6 Staff talk to and interact with service users, not exclusively with each other.

16.7 Service users choose when to be alone or in company, and when not to join an activity.

16.8 Service users have unrestricted 24 hour access to the home and grounds; visitors have 24 hour access subject to individual and collective service user consent.

16.9 Service users’ responsibility for housekeeping tasks (cooking, cleaning rooms and common areas, laundry, maintaining gardens) is specified in the Service Users’ Guide and individual Plan.

16.10 Service users can keep an assistance dog (guide dogs, dogs for disabled people, and hearing dogs for deaf people); and can keep a suitable pet in agreement with the home and if it does not infringe on the safety, health or peace of others living in the home.

16.11 Rules on smoking, alcohol and drugs are clearly stated in the Contract.
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 malnutrition and obesity.

17.9 Service users who need help to eat or are fed artificially are assisted appropriately while maintaining choice of when, where and what they eat; and assisted to choose appropriate eating aids.
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 the reasons for not doing so are explained.

18.3 Personal support is provided in private, and intimate care by a person of the same gender where possible and if the service user wishes.

18.4 Times for getting up/going to bed, baths, meals and other activities are flexible (including evening and weekends).

18.5 Where needed, guidance and support regarding personal hygiene (eg 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 eg positioning or modification of equipment.

18.10 General and psychiatric nursing care is provided or supervised by registered nurses as specified in the individual Plan, monitored and recorded, and regularly reviewed.
18.11 Staff ensure consistency and continuity of support for service users through:

- designated key workers (whom service users have helped choose);
- individual working records setting out the regime, likes or dislikes of service users who cannot easily communicate their needs and preferences;
- partnerships with advocates, family, friends and relevant professionals outside the home, subject to the service user’s consent.

**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:

- support to gain access to up to date information and advice about general health issues eg continence, contraception, routine screening;
- support to manage their own medical conditions (eg diabetes) where feasible;
- support to choose their GP, to make decisions about their own healthcare/medical treatment, and to seek a second medical opinion;
- support to access NHS healthcare facilities in the locality – primary care team, dentist, optician, chiropodist/podiatrist, therapists, community nurses and specialist nurses (eg diabetes specialist nurse, mental health nurse), alternative therapies;
- support to attend outpatient and other appointments;
- support to access independent interpreters.

19.3 Service users’ health is monitored and potential complications and problems are identified and dealt with at an early stage, including prompt referral to an appropriate specialist.

19.4 Service users have minimum annual health checks (including attention to vision and hearing; medication; illness/disability unrelated to primary disability/condition).

19.5 Visits to service users from medical/health care practitioners take place in private.
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, the requirements of the Misuse of Drugs Act 1971 and nursing staff abide by the UKCC Standards for the administration of medicines.

20.7 Controlled drugs administered by staff are stored in a metal cupboard, which complies with the Misuse of Drugs (Safe Custody) Regulations 1973.

20.8 Medicines, including Controlled Drugs, for service users receiving nursing care, are administered by a medical practitioner or registered nurse.

20.9 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:

i. basic knowledge of how medicines are used and how to recognise and deal with problems in use;

ii. the principles behind all aspects of the home’s policy on medicines handling and records.
20.10 Receipt, administration and disposal of Controlled Drugs are recorded in a Controlled Drugs register.

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

20.12 Staff monitor the condition of the service user on medication and call in the GP if 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.

20.13 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

Complaints and Concerns

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 service users’ views and concerns 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, and action taken; and this record is checked at least three-monthly by a senior manager not based in the home.
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.
Environment

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 Each service user in existing homes is provided with a minimum total average living space (bedroom and communal space) of 14.1 sq m (17.1 sq m for wheelchair users).

24.3 New homes accommodate a maximum of sixteen people with no more than eight people sharing a staff group, a dining area and other common facilities (in specialist colleges, dining rooms are in keeping with similar non-specialist colleges); existing, larger homes are organised into clusters of up to eight people on this basis by 2007.

24.4 Service users on respite/short-term placements (up to three months) or intermediate care/rehabilitation placements do not share the same premises as those in long-term placements unless benefits for both groups can be demonstrated; where this does occur, separate communal day space, facilities and equipment are available for each group.

24.5 The premises are safe, comfortable, bright, cheerful, airy, clean and free from offensive odours, and provide sufficient and suitable light, heat and ventilation.

24.6 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.

24.7 The premises are in keeping with the local community and have a style and ambience that reflect the home’s purpose.

24.8 The premises are fully accessible to all service users; homes accommodating wheelchair users provide level access and 800 mm doorways throughout.
24.9 Furnishings and fittings (and adaptations and equipment are good quality, and are as domestic, unobtrusive and ordinary as is compatible with fulfilling their purpose.

24.10 The premises meet the requirements of the local fire service and environmental health department, health and safety and building Acts and Regulations, and from 2004 the Disability Discrimination Act 1995 Part 3.

24.11 The home has a planned maintenance and renewal programme for the fabric and decoration of the premises, with records kept.

24.12 CCTV cameras are restricted to entrance areas for security purposes and do not impinge on the daily life of service users.

Individual Rooms

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

STANDARD 25

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

25.2 All service users are offered the option of a single room.

25.3 Single rooms in current use have at least 10 sq m usable floor space (from 1 April 2007), or at least 9.3 sq m if compensatory space (ensuite facility or additional communal space for private use) is provided (see Standard 24.2).

25.4 Single rooms in current use accommodating wheelchair users and service users with complex nursing needs (eg ventilation/life support systems) have at least 12 sq m usable floor space (excluding ensuite) providing sufficient additional space for turning, transferring and accessing belongings, and for medical equipment and nursing requirements.

25.5 Shared rooms are phased out by 2004 unless the service users currently living there choose to continue sharing.

25.6 Rooms which are currently shared have at least 16 sq m usable floor space (excluding ensuite) and are occupied by no more than two service users who have made a positive choice to share.

25.7 In new build, extensions and all first time registrations, two service users choosing to share are provided with two single rooms to use for example as bedroom and sitting room.
25.8 WCs are shared by no more than two people, and bathrooms (handbasin and shower or bath) are shared by no more than three people (where ensuite facilities cannot be provided.

25.9 WCs and bathrooms are adjacent to service users’ bedrooms, culturally appropriate (see Standard 27.5), and lockable.

25.10 First time registrations, and extensions intended for long-term placements provide individual ensuite bedrooms with at least 12 sq m usable floor space (excluding ensuite).

25.11 First time registrations, and extensions intended for placements less than three months provide individual bedrooms with at least 10 sq m usable floor space (excluding ensuite).

25.12 Service users’ own rooms include (unless agreed in the individual Plan with or in the best interests of the service user):

- bed, table, chest of drawers and two comfortable chairs;
- wardrobe/cupboard space and lockable storage space;
- wash hand basin (unless ensuite facilities provided);
- space for service users’ usual possessions eg computer, music systems, personal electrical appliances, hoists/technical aids;
- 3 double sockets, TV aerial point, and telephone point (or access to a telephone in the room);
- bedding, curtains and floor covering of good quality and design suitable for the service user;
- A window which opens, at a level providing a view when seated; good lighting and ventilation; and individually controlled heating.

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

OUTCOME
Shared spaces complement and supplement service users’ individual rooms.

STANDARD 26

26.1 A range of comfortable, safe and fully accessible shared spaces is provided both for shared activities and for private use.

26.2 Shared spaces include:
- outdoor space proportionate to number of service users and staff on duty;
- kitchen and laundry facilities which are domestic in scale;
- baths/showers (lockable) suitable for service users’ specialist requirements, if not provided in their own rooms;
- communal areas (eg for meals, social activities) of at least 4.1 sq m per service user (or 3.7 sq m if compensatory individual bedroom space is provided – see Standard 25.3);
- communal areas of at least 5.1 sq m per service user with wheelchair/mobility aids;
- a private area for eg visitors, consultations or treatment;
- a separate smoking area if the home does not have a no-smoking policy.

26.3 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 27

27.1 The registered person ensures the provision of the environmental adaptations and disability equipment necessary to meet its stated purpose and the individually assessed needs of all service users.

27.2 Homes offering a service to people with physical disabilities provide specialist equipment as needed for each individual including for example:
- moving equipment/overhead tracking for hoists;
- stair rails, lifts;
- environmental control system;
- right and left handed rooms;
- appropriate bathroom fittings/equipment;
- call alarm systems;
- lowered light switches, work surfaces, window openings;
- storage/recharging facilities for wheelchairs/mobility equipment in a discrete/separate area.

27.3 Homes offering a service to people with sensory impairment provide specialist aids and adaptations as needed including for example:
- loops/microphones/minicom/telephones/videosiphone;
- additional and/or anti-glare lighting; colour contrasting;
- tactile symbols; varied textural surfaces;
- fluorescent or padded hazards/obstructions (where they cannot be removed);
- computer for users' personal use;
- TV with video recorder and subtitling facility/sign language.

27.4 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.

27.5 Homes offering a service to minority ethnic service users provide bathrooms with culturally appropriate fittings/personal care facilities.

27.6 Provision of aids, adaptations and equipment follows assessment by, and meets the recommendations of, an occupational therapist or other suitably qualified specialist.
27.7 Safety systems and equipment are appropriate for people with mobility/sensory problems – eg flashing light fire alarms, magnetic fire doors.

27.8 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**

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<td>The home is clean and hygienic.</td>
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**STANDARD 28**

28.1 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.

28.2 Laundry facilities have direct access to an external area and are sited so that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on service users.

28.3 Hand washing facilities are prominently sited in areas where infected material and/or clinical waste are being handled.

28.4 The laundry floor finishes are impermeable and these and wall finishes are readily cleanable.

28.5 Policies and procedures for control of infection include the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; handwashing.

28.6 The home has a sluicing facility where appropriate and, in care homes providing nursing, a sluicing disinfector.

28.7 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.

28.8 Washing machines have the specified programming ability to meet disinfection standards.

28.9 Services and facilities comply with the Water Supply (Water Fittings) Regulations 1999.
Staffing

Roles

OUTCOME
Service users benefit from clarity of staff roles and responsibilities.

STANDARD 29

29.1 The registered manager ensures that staff have clearly defined job descriptions and understand their own and others’ roles and responsibilities.

29.2 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.

29.3 Staff job descriptions are linked to achieving service users’ individual goals as set out in the Service User Plan.

29.4 Staff get to know and develop a relationship with the service users they support, and are appropriately matched regarding gender, age, cultural background and personal interests.

29.5 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.

29.6 Staff are aware of their own knowledge and skill limitations and know when it is appropriate to involve someone else with more specific expertise.

29.7 The contribution of volunteers supplements 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 30

30.1 Staff have the competencies and qualities required to meet service users’ needs and achieve National Training Organisation (NTO) workforce strategy targets within the required timescales.

30.2 Staff have attitudes and characteristics that are important to service users. They are:
- accessible to, approachable by and comfortable with service users;
- good listeners and communicators;
- reliable and honest;
- interested, motivated and committed.

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

30.4 Trainees (including all staff under 18) are registered on a TOPSS-certified training programme, work only under the direct supervision of qualified staff and do not undertake intimate personal care tasks.

30.5 Care staff hold a NVQ 2 or 3 or other nationally recognised care qualification which meets TOPSS specifications (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.

30.6 50% of care staff (including agency staff) in the home achieve NVQ 2 or equivalent [by 2005].
Staff Team

OUTCOME
Service users are supported by an effective staff team.

STANDARD 31

31.1 The home has a strong, settled and cohesive staff team, with sufficient numbers and complementary skills to support service users’ assessed needs at all times.

31.2 The numbers and skill mix of staff on duty (including domestic staff), day or night, ensure the following activities are carried out effectively and efficiently to meet the individual and collective needs of service users:
- uninterrupted work with individuals;
- administration, organisation and communication;
- day to day running of the home;
- management of emergencies.

31.3 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.

31.4 Where indicated, specialist services are secured from relevant professions to support the assessed needs of service users (including physio- and occupational therapists in homes providing intermediate care/rehabilitation; and trained nurses in homes providing nursing care).

31.5 The staff team reflects the cultural/gender composition of service users.

31.6 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.

31.7 Regular staff meetings take place (minimum six per year) and are recorded and actioned.

31.8 There are staff on duty at all times who can communicate with service users in their first language including sign; and have skills in other communication methods relevant to service users’ needs (eg block alphabet, braille, finger spelling, moon, personal symbols).

31.9 Staff working directly with service users are at least age 18; staff left in charge of the home are at least age 21.

31.10 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 32

32.1 The registered person operates a thorough recruitment procedure based on equal opportunities and ensuring the protection of service users.

32.2 Two written references are obtained before making an appointment and any gaps in the employment record explored.

32.3 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.

32.4 Service users are actively supported to be involved in staff selection, and are supported through the processes of joining and departure of staff.

32.5 Staff are employed in accordance with, and are given copies of, the codes of conduct and practice set by the GSCC.

32.6 All staff receive statements of terms and conditions.

32.7 All staff appointments are subject to a minimum three-month probationary period and service users are involved in their review.

32.8 The recruitment and selection of volunteers is thorough and includes police checks.
Training and Development

OUTCOME
Service users’ individual and joint needs are met by appropriately trained staff.

STANDARD 33

33.1 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.

33.2 The home has a training and development plan [by 2002], dedicated training budget, and designated person with responsibility for the training and development programme.

33.3 All staff receive structured induction training (within six weeks of appointment) and foundation training (within six months of appointment) to NTO 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).

33.4 All staff receive equal opportunities training, including disability equality training provided by disabled trainers; and race equality and anti-racism training.

33.5 Each staff member has an individual training and development assessment and profile [by 2004], and at least five paid training and development days per year.

33.6 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.

33.7 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.
Supervision and Support

OUTCOME
Service users benefit from well supported and supervised staff.

STANDARD 34

34.1 Staff receive the support and supervision they need to carry out their jobs.

34.2 There are established arrangements for managers to brief staff, and for managers to receive direct feedback from staff.

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

34.4 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:
   - translation of the home’s philosophy and aims into work with individuals;
   - monitoring of work with individual service users;
   - support and professional guidance;
   - identification of training and development needs.

34.5 Staff have access to specialist supervision as indicated by service users’ assessed needs.

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

34.7 Staff have copies of the home’s written grievance and disciplinary procedures.

34.8 Procedures are in place for dealing with physical aggression towards staff (see also Standard 23 Protection).
Day-to-Day Operations

OUTCOME
Service users benefit from a well run home.

STANDARD 35

35.1 The registered manager is qualified, competent and experienced to run the home and meet its stated purpose, aims and objectives.

35.2 The registered manager: has at least two years experience in a senior management capacity in a relevant care setting within the past five years;

and

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

or

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

35.3 Each registered manager is responsible for no more than one registered establishment.

35.4 The registered manager has overall responsibility, set out in a job description, to ensure that:

- written aims and objectives of the home are achieved;
- policies and procedures are implemented;
- the home’s budget is properly managed;
- certificates and licenses are obtained and displayed;
- each service user has a written Contract/statement of terms and conditions and that the terms of the Contract/Statement are fulfilled;
- the home complies with the Care Standards Act and Regulations, General Social Care Council codes of practice and other legal requirements.

35.5 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 36

36.1 The management approach of the home creates an open, positive and inclusive atmosphere.

36.2 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.

36.3 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 also Standard 22 Concerns and complaints).

36.4 The processes of managing and running the home are open and transparent.

36.5 Management planning and practice encourage and reward innovation, creativity, development and change.

36.6 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 37

37.1 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.

37.2 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.

37.3 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.

37.4 The results of service user surveys are published and made available to service users, their representatives and other interested parties including the NCSC.

37.5 The registered manager and staff can demonstrate year on year development for each service user, linked to implementation of the individual Plan.

37.6 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 informs all planning and review.

37.7 The views of family, friends and advocates and of stakeholders in the community (eg GPs, teachers, chiropodist, voluntary organisation staff) are sought on how the home is achieving goals for service users.

37.8 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.

37.9 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.

37.10 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 38

38.1 The home’s written policies and procedures comply with current legislation and recognised professional standards, covering the topics set out in Appendix 3.

38.2 Policy statements are appropriate to the setting and cover:
- general policy content;
- organisation for carrying out the policy;
- arrangements for carrying out the policy.

38.3 Staff understand, have up-to-date copies of, and practice all policies, procedures and codes of practice.

38.4 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.

38.5 Staff are fully involved in developing policies and procedures, and service users have opportunities to help in their formulation.

38.6 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 39

39.1 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.

39.2 Service users have access to their records and information about them held by the home, and opportunities to help maintain their personal records.

39.3 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 40

40.1 The registered manager ensures so far as is reasonably practicable the health, safety and welfare of service users and staff.

40.2 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;
- infection control: understanding and practice of measures to prevent spread of infection and communicable diseases.

40.3 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 and risk from hot water/surfaces, based on assessment of the capabilities and needs of service users (ie temperature close to 43ºC);
- provision and maintenance of window restrictors, based on assessment of vulnerability of and risk to service users;
- maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment;
- security of the premises;
- security of service users based on assessment of their vulnerability.
40.4 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;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985.

40.5 The registered manager provides a written statement of the policy, organisation and arrangements for maintaining safe working practices.

40.6 The registered manager ensures that risk assessments are carried out for all safe working practice topics covered in Standards 40.2 and 40.3, and that significant findings of the risk assessment are recorded.

40.7 All accidents, injuries and incidents of illness or communicable disease are recorded and reported.

40.8 Safety procedures are posted, and explained, in formats that are easily understood and take account of service users’ special communication needs.

40.9 All staff receive induction and foundation training and updates to meet TOPSS specification on all safe working practice topics in Standards 40.2 and 40.3 (see Standard 33.3 Staff training).
Conduct of the Service

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

STANDARD 41

41.1 The overall management of the service (within or external to the home) ensures the effectiveness, financial viability and accountability of the home.

41.2 There is a business and financial plan for the home and the service, open to inspection and reviewed annually.

41.3 Systems are in place to ensure:
- financial planning, budget monitoring and financial control;
- human resources planning including assurance of financial acumen;
- selection, training, supervision and appraisal of registered managers;
- quality monitoring.

41.4 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.

41.5 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.

41.6 Service users are involved where possible in the business and financial planning and monitoring of the home.

41.7 Lines of accountability within the home, and with any external management, are clearly understood by staff and service users.
Appendix 1

The Reference Group

Craig Crowley – Royal National Institute for Deaf People
Colin Beacock – Royal College of Nursing
Neil Betteridge – Royal Association for Disability and Rehabilitation
Ann Ivis-Shaw – Royal Association for Disability and Rehabilitation
Norma Brier – Norwood Ravenswood
James Churchill – Association for Residential Care
Dee Colam – NHIR Representative
Madeline Drake – Richmond Fellowship
David Edwards – Turning Point
Carole Lee – People First
Tim Gunning – People First
Kathy Hotham – Mental After Care Association
Alan Jefferson – National Association of Inspection and Registration Officers
Malcolm Matthews – SENSE
Carol Andrews – The NHS Confederation
Jack R Mead – NSF Registered Homes
Jack Piachaud – Royal College of Psychiatry
Susan Doohan – Independent Healthcare Association
Anne MacKay – Independent Healthcare Association
Duncan Tree – Local Government Association
Jim Kennedy – Local Government Association
Richard Wood – British Council of Disabled People
Don Brand – National Institute for Social Work
Frances Hasler – National Centre for Independent Living
Edna James – National Centre for Independent Living
<table>
<thead>
<tr>
<th>Name</th>
<th>Position, Organization</th>
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<tbody>
<tr>
<td>Mary Robertson</td>
<td>Director of Social Services, Oxfordshire County Council</td>
</tr>
<tr>
<td>Richard Mills</td>
<td>National Autistic Society</td>
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<tr>
<td>Sian Lockwood</td>
<td>National Association of Adult Placement Services</td>
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<tr>
<td>Mike Syms</td>
<td>Portland College</td>
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<tr>
<td>Richard West</td>
<td>CHANGE</td>
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<td>Annette Dale-Perrera</td>
<td>Drugscope</td>
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<tr>
<td>Sue Baker</td>
<td>Alcohol Concern</td>
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<tr>
<td>John Knight</td>
<td>Voluntary Organisations Disability Group</td>
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<tr>
<td>Muriel Charles</td>
<td>Leonard Cheshire</td>
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<td>Fiona Street</td>
<td>Leonard Cheshire</td>
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<tr>
<td>Colin Vyvyan</td>
<td>Welsh Office</td>
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<tr>
<td>Trish Davies</td>
<td>Department of Health</td>
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<td>Derek Brown</td>
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<td>David Ellis</td>
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<td>Rosemary Jenkins</td>
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<td>Pat Kelly</td>
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<tr>
<td>Barrie Fiedler</td>
<td>Independent Consultant</td>
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<tr>
<td>Maggie Pinder</td>
<td>Independent Consultant</td>
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Appendix 2

Glossary

Abuse

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

Assessment

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

Care home

An establishment providing accommodation with personal or nursing care.

Care Management

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

Care Programme Approach (CPA)

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

Care Plan

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

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

**Independent Advocate**

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

**Intermediate Care**

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

**Keyworker**

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

**Leaving Care Plan**

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

**Local Area Child Protection Committee**

A group set up to determine the particular problems, 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.

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 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 eg room shape, positioning of doors, windows or ensuite facilities, and headroom.

Volunteer

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

Wheelchair User

A person whose main source of independent mobility is a wheelchair.
Appendix 3

Policies and procedures

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

- Adult protection and prevention of abuse
- Aggression towards staff
- Communicable diseases and infection control (Public Health Medicine Environmental Group guidelines)
- Concerns and complaints
- Confidentiality and disclosure of information
- Contact with/visits by family and friends
- Control of exposure to hazardous waste (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
- Fire safety
- Food safety and nutrition
- Health and safety (Health and Safety at Work Act 1974)
- Hygiene and food safety (Food Safety Act 1990 and Regulations 1995)
- Management of service users’ money and financial affairs
- Nursing/treatment/guardianship under Mental Health Act/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 4

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Annex to National Minimum Standards for Care Homes for Younger Adults

Supplementary standards for care homes accommodating young people aged 16 and 17

Notes:

1 The Younger Adults Standards and outcomes apply to care homes accommodating 16 and 17 year olds.

2 It is expected that 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.

3 The Annex provides additional/supplementary requirements to the Standards for Younger Adults (numbered sequentially from the Younger Adults Standards).

4 The Annex sets out the key topic headings from the Younger Adults Standards, plus Section heading and first Standard statement where there are additional requirements.
1 Choice of Home

Information

STANDARD 1

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 1.1–1.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

1.4 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. (Note for consultation purposes: the draft regulations contained in this consultation document include requirements relevant to this standard: see Schedule 6 to the draft).

Needs Assessment

STANDARD 2

2.1 New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, involving the prospective service user using an appropriate communication method.

In addition to the requirements in Standards 2.1–2.8, 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

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 implements 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 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:

- education, training and employment;
- securing safe and affordable accommodation;
- financial assistance to enable the young person to set up and maintain independent accommodation if applicable;
- claiming welfare benefits where this is identified as a need;
- general and specialised health education and health care, and other specialist services such as counseling;
- maintaining existing support networks as defined by the young person and creating new network.
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 recognized national body for the activity concerned).
3 Lifestyle

Personal Development

STANDARD 11

11.1 Staff give service users 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 independence including:

- developing and maintaining social and sexual relationships;
- developing self esteem;
- 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 meaningful activities.

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

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:

- benefits of attending a particular educational establishment;
- promoting school (or college) attendance;
- parental/social worker involvement;
- dates of national examinations such as GCSE, AS, and A levels;
- arrangements for travelling to and from school;
- 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 peer appropriate leisure activities.

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

14.6  Birthdays, name days, cultural and religious festivals are celebrated and service users participate in planning these events.

14.7  Activities provide a balance between free and controlled time, are experiential, and provide a mix of time with and without adults.

14.8  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.

14.9  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.
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 or consume alcohol while on duty.
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:

- 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;
- 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;
- 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:
- making a full assessment of children's histories and any experience of abuse;
- observing contacts between children;
- supervision of children;
- supervision and support of staff;
- recognition of possible involvement of children in prostitution;
- confidentiality;
- physical contact between staff and children;
- one to one time alone by staff with children;
- intimate care and invasive procedures;
- administering medication.

23.14 The registered person provides training for all staff, including ancillary staff, agency staff and volunteers, in the prevention of abuse, recognition of abuse, dealing with disclosures or suspicions of abuse, and the home's child protection procedures. This training is included in induction programmes for new staff, including temporary or agency staff, and is ongoing for the staff group in keeping with the aims and objectives of the home.

23.15 The registered manager and staff have routine links with other agencies concerned with child protection eg 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.
Bullying

23.17 The home has, and follows, a policy on countering bullying, which is known to service users and staff, which includes:

- a definition of bullying;
- measures to prevent and respond to bullying;
- 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 are consistent with the joint DH/Home Office guidance ‘Children who go missing from Home and Care’.
6 Environment

Individual Rooms

STANDARD 25

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

*In addition to the requirements in Standards 25.1–25.13, homes accommodating young people aged 16 and 17 meet the following supplementary standards:*

25.14 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.

25.15 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 30

30.1 Staff have the competencies and qualities required to meet service users’ needs and achieve National Training Organisation (NTO) workforce strategy targets within the required timescales.

In addition to the requirements in Standards 30.1–30.6, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

30.7 80% of care staff working with service users aged 16 and 17 have completed level 3 in the Caring for Children and Young People NVQ by 2005.

Staff Team

STANDARD 31

31.1 The home has a strong, settled and cohesive staff team, with sufficient numbers and complementary skills to support service users’ assessed needs at all times.

In addition to the requirements in Standards 31.1–31.10, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

31.11 Staff left in charge of young people aged 16 and 17 are aged at least 21.

Training and Development

STANDARD 33

33.1 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.

In addition to the requirements in Standards 33.1–33.7, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

33.8 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 39

39.1 Records required to be kept by the registered provider, or are necessary for the protection of service users or for the effective and efficient running of the business, are maintained, up to date and accurate.

In addition to the requirements in Standards 39.1–39.3, homes accommodating young people aged 16 and 17 meet the following supplementary standard:

39.4 Individual records of service users aged 16 and 17 contain the additional information required by Children’s Homes Regulations Schedule 3.
National Minimum Standards for Adult Placements
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Introduction

This document sets out draft National Minimum Standards for Adult Placements, which form the basis on which the new National Care Standards Commission (NCSC) will determine whether adult placements meet the needs, and secure the welfare and social inclusion, of service users. The aims, regulatory context, and approach to the development of standards based on stakeholder consultation, are set out in the Introduction to the National Minimum Standards for Care Homes for Younger Adults.

Adult placement (AP) offers people aged 18 and older an alternative form of ‘care home’ – an opportunity to live an ordinary domestic life as part of the AP Carer’s family. While linked to the Standards for Care Homes for Younger Adults, this separate set of standards reflects the distinct circumstances of adult placement.

In an adult placement, the registered person is the AP Carer. AP Carers are defined as providing accommodation and care within their own home (habitual residence), for not more than two persons, [and by their association with an AP Scheme] (see Terms, below). In association with the National Association of Adult Placement Schemes and other key interest groups, the Department of Health is developing Policy and Practice Guidance to set out the Government’s view of good practice and help AP Schemes to support AP Carers to meet national minimum standards.

A number of cross-cutting themes, which underpin the drafting of national minimum standards, are set out in the Standards for Care Homes for Younger Adults. These key elements, which are equally applicable to adult placements, are:

- Focus on users
- Fitness for purpose
- Comprehensiveness
- Positive choice
- Meeting assessed needs
- Quality services
- Quality workforce.
Key values

The National Minimum Standards for Care Homes for Adult Placements are based on certain fundamental principles. In applying these standards, regulators will look for evidence that the day-to-day operation of placements reflects the following key values:

- **Autonomy** – promotion of individual autonomy, self-determination and choice, and control over decision-making;
- **Attainment** – recognition of individual ability and potential for personal development, and of the social and environmental barriers to achieving potential;
- **Citizenship** – maintenance of entitlements associated with citizenship under the law, including protection from discrimination, harassment, exploitation or abuse, neglect, degrading or inhuman treatment;
- **Individuality** – respect for individuality, privacy and dignity, and maintenance of self-esteem in all situations;
- **Diversity** – respect for age, ethnic and cultural diversity, and promotion of equal opportunity;
- **Wellbeing** – promotion of physical, emotional and spiritual wellbeing;
- **Inclusion** – promotion of social and economic inclusion and participation in community life.
Terms

Adult Placement

Accommodation and support provided to one or two adults, placed through an Adult Placement Scheme, in the family home of an Adult Placement Carer approved by the scheme.

Adult Placement Scheme

A scheme – managed by a local authority or independent (profit-making or non-profit-making) body – responsible for recruiting, assessing, training and supporting, and arranging payment of Adult Placement Carers; for taking referrals, matching and placing service users with AP Carers; and for supporting and monitoring the Placement.

Registered Person

The registered person, under the Care Standards Act, who is registered in respect of a care home which is his/her own home, for the limited purpose of providing Adult Placements, and who is formally approved by, matched with a service user by, and supported by an Adult Placement Scheme. (Also known as AP Carer).

Adult Placement Worker

A qualified and experienced individual employed by an Adult Placement Scheme to carry out its tasks.

Approval Panel

A group of people independent of but appointed by the Adult Placement Scheme to approve applications from prospective Adult Carers on the basis of an assessment report presented by the Adult Placement Worker.

Placement Agreement

An agreement between the service user, registered person, AP scheme and Care Manager/Co-ordinator.
1 Choice of Placement

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 can demonstrate that the prospective service user has received a Service Users’ Guide to Adult Placement.

1.2 The Service Users’ Guide sets out basic information about:

- the aims, objectives and philosophy of adult placement (including any service user surveys);
- the referral, matching and placement process;
- the range of accommodation, support and facilities provided by AP carers;
- the scale of fees charged, what they cover, and cost of ‘extras’;
- key contract terms covering admission, occupancy and termination of placement;
- a copy of the most recent inspection report, the complaints procedures, and information about how to contact the local office of the National Care Standards Commission (NCSC) and local social services and health authorities.

1.3 Information is provided in formats suitable for the prospective service user (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 The registered person can demonstrate that a prospective service user has received a full assessment undertaken by people trained to do so, involving the prospective service user using an appropriate communication method.

2.2 For individuals referred through Care Management, the registered person obtains a summary of the single Care Management (health and social services) assessment (integrated with the Care Programme Approach (CPA) for people with mental health problems) and a copy of the single Care Plan.

2.3 For individuals who are self-funding (ie without a Care Management Assessment/Care Plan), the registered person can demonstrate that a needs assessment has been carried out (see Standard 3 Matching and placement) covering:

- suitable accommodation and personal support;
- meaningful education, training and/or occupation;
- family/social contact;
- adequate income;
- assessment and management of risk;
- cultural and faith needs;
- physical and mental health care;
- specific condition-related needs and specialist input;
- provision of disability equipment, including arrangements for payment and supply;
- treatment/rehabilitation programme;
- method of communication;
- any potential restrictions on choice, freedom, services or facilities – based on specialist needs and risk – likely to become part of a prospective service user’s individual Plan.
Matching and Placement

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

STANDARD 3

3.1 The registered person only accepts placement of a service user whose assessed needs (including specialist needs) they can meet.

3.2 The registered person (and household) and prospective service user are appropriately matched with respect to age, gender, cultural background, personal interests and communication needs.

3.3 The registered person has the skills and experience to deliver the services and care required (as indicated by assessment), and all specialised services offered are demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.

3.4 Where nursing care is provided, the registered person is a first level registered nurse and the individual’s nursing needs have been assessed by an NHS registered nurse, using a recognised assessment tool, according to Department of Health guidance.

3.5 The registered person can demonstrate that rehabilitation and therapeutic needs have been assessed by state registered health professionals using regulated assessment methods.

3.6 The registered person spends at least one day getting to know and understand the prospective service user [in accordance with the scheme’s written procedures], and can verify that relatives’ interests and needs have been taken into account during the matching process, subject to the service user’s agreement.

3.7 The registered person can communicate effectively with the prospective service user using the individual’s preferred mode of communication and ensures that the prospective service user understands both the process and the outcome of the matching and placement procedures.

3.8 Prospective service users are informed about independent advocacy/self-advocacy schemes throughout the placement process.
Trial visits

OUTCOME
Potential service users have an opportunity to visit and to ‘test drive’ the placement.

STANDARD 4

4.1 The registered person (introduced through the AP scheme) invites the prospective service user to visit and to stay in their home on a trial basis, before making a decision to move there, and avoids unplanned admissions where possible.

4.2 A minimum half-day visit to the home is offered (preferably including overnight), including an opportunity for the prospective service user (with family, friends, advocate as appropriate) to:
  - meet the registered person’s family and any other service user;
  - see the home, the room in which the service user would live, and the neighbourhood;
  - have a meal;
  - discuss how the placement can meet the service user’s requirements;
  - see the kind of records kept about service users.

4.3 The prospective service user and the registered provider have opportunities to discuss the introductory period and to end the introduction without recrimination or criticism.

4.4 A minimum three-month trial introductory period of residence is offered for placements of more than six months, followed by a review of the trial placement.

4.5 When an emergency placement is made, the registered person undertakes to inform the service user within 24 hours about key aspects of the placement, and to ensure a Placement Agreement is provided and all other placement criteria met within five working days.

4.6 The registered person ensures that he/she has sufficient information about the service user at the time of an emergency placement to ensure the safety of the service user, and the household, and receives comprehensive information within one working day; an emergency placement does not imply the right or requirement to stay in the same placement.
Placement Agreement

OUTCOME
Each service user has an individual written Placement Agreement.

STANDARD 5

5.1 The registered person ensures that the service user has a written Placement Agreement, which includes the Service User Plan (Standard 6), setting out the terms and conditions of occupancy, and rights and responsibilities, of all parties.

5.2 The Placement Agreement is in a format and language appropriate to the service user’s needs, and is regularly reviewed.

5.3 The Placement Agreement specifies:
- aims of the placement, the room to be occupied, services to be provided, and fees charged;
- relevant qualifications and experience of the registered person;
- any conditions breach of which would render the service user at risk of being asked to leave;
- services and support to be provided by the AP Scheme;
- arrangements in respect of the service user including: visitor access and late nights out; responsibility for housekeeping tasks; smoking, alcohol and drugs; physical and/or verbal aggression.
Individual Needs and Choices

Service User Plan

OUTCOME
Service users know their assessed needs and personal goals are reflected in their individual service user plan.

STANDARD 6

6.1 The registered person ensures that the service user has a service user plan, which may include treatment and rehabilitation, describing the services and facilities to be provided, and how these services will meet current and changing needs and aspirations and help service users to achieve goals.

6.2 The plan is generated from the single Care Management Assessment/Care Plan or the AP Scheme's own assessment, and covers all aspects of personal, social and healthcare needs, including specialist requirements, as set out in Standard 2.

6.3 The plan describes any limitations on choice and freedom (agreed with the service user) imposed by a specialist programme and establishes individualised procedures for service users likely to be aggressive or cause harm or self-harm.

6.4 The registered person ensures that the plan is made available in a language and format the service user can understand and is held by the service user unless there are clear (and recorded) reasons not to do so.

6.5 The registered person can show evidence that the placement is reviewed at least six monthly with the service user, and that agreed changes are recorded and actioned.
Participation and Decision Making

OUTCOME
Service users participate in family life, and make decisions about their lives with assistance as needed.

STANDARD 7

7.1 The registered person respects the service user's 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 Information is available about all aspects of the Placement in formats appropriate to the service user's needs (eg large print, Braille, audio, moon), and is explained when required using the service user's preferred mode of communication.

7.3 The registered person enables the service user to participate as a member of the family in all aspects of life in the home.

7.4 The registered person helps service users, if they wish, find and participate in local independent advocacy/self-advocacy groups and/or to find peer support from someone who shares the service user’s disability, heritage or aspirations.

7.5 The registered person can communicate in the service user’s first language including sign, and is skilled in the communication method relevant to the individual’s needs (eg guiding, block alphabet, finger spelling, personal symbols).

7.6 The registered person can demonstrate how individual choices have been made by the service user, and records instances when decisions are made by others, and why.

7.7 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 service user’s best interest, consistent with the registered person's duties and responsibilities under law.

7.8 Service users handle their own finances; where support and tuition are needed, the reasons for and manner of support are documented and reviewed.
Risk Taking

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

STANDARD 8

8.1 The registered person enables service users to take responsible risks, ensuring they have good information on which to base decisions, in the context of the AP Scheme’s risk assessment and risk management strategies.

8.2 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.

8.3 The registered person works to achieve the service user’s lifestyle wishes and choices and goals for independence.

8.4 Action is taken to put right identified risks and hazards, and the service user is given personal safety training, to avoid limiting the service user’s preferred activity or choice.

8.5 Unexplained absences by service users are responded to promptly in order to safeguard their welfare.

Confidentiality

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

STANDARD 9

9.1 The registered person respects information given by the service user in confidence, and handles information about the service user, in accordance with the AP Scheme’s policies and with the law, and in the best interests of the service user.

9.2 The registered person knows when information given in confidence must be shared with the AP scheme worker, Care Manager/Coordinator or others.

9.3 The service user’s individual records are accurate, secure and confidential.

9.4 The service user has access to the AP Scheme’s policy and procedures on confidentiality and on dealing with breaches of confidentiality, and the registered person helps the service user understand the policy.
Lifestyle

Personal Development

OUTCOME
Service users have opportunities for personal development.

STANDARD 10

10.1 The registered person gives service users opportunities to maintain and develop social, emotional, communication and independent living skills, as set out in the Service User Plan.

10.2 The registered person facilitates service users’ attendance at eg specialist activities/assertion and independent living training/treatment and recovery programmes.

10.3 The registered person helps service users learn and use practical life skills and build confidence.

Education and Employment

OUTCOME
Service users are able to engage in peer-appropriate activities.

STANDARD 11

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

11.2 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.

11.3 Service users are helped to find out about and take up opportunities for further education, distance learning, and vocational, literacy and numeracy training.

11.4 Service users develop and maintain links with careers advice services, local employers, and job centres.
11.5 The registered person helps service users find out about and take up opportunities for paid, supported or volunteer jobs/therapeutic work placements or work-related training schemes.

11.6 The registered person helps the service user with benefits/finance problems or refers appropriately.

**Community Links and Social Inclusion**

**OUTCOME**
Service users are part of the local community.

**STANDARD 12**

12.1 The registered person provides opportunities for service users to become part of and participate in the local community, in accordance with assessed needs and the Service User Plan.

12.2 The registered person enables service users’ integration into community life through:

- knowledge about and support for service users to make use of services, facilities and activities in the local community (shops, library, cinema, pubs, leisure centres, places of worship, cultural centres);
- maintaining a neighbourly relationship with the community;
- ensuring information and advice are available about local activities, support and resources offered by specialist organisations;
- ensuring access to transport – eg local public transport, accessible taxis, dial-a-ride – and support to use it, to enable service users to pursue their chosen lifestyle and activities.

12.3 Time with and support for the service user outside the home – flexibly provided, including evenings and weekends – is a recognised part of the registered person’s duties.
Leisure

OUTCOME
Service users engage in peer-appropriate activities.

STANDARD 13
13.1 The registered person ensures that service users have access to and choose from a range of appropriate leisure activities.
13.2 Service users are encouraged and supported to pursue their own interests and hobbies.
13.3 Service users help choose and decide whether to participate in outings, entertainment and holidays.
13.4 If the registered person has a short break/holiday without the service user, he/she can show that appropriate arrangements have been made for the service user, with their agreement.

Relationships

OUTCOME
Service users have peer-appropriate personal, family and sexual relationships.

STANDARD 14
14.1 The registered person supports service users to maintain family links and friendships inside and outside the home, within the framework of usual family life and as agreed in the Service User Plan.
14.2 Family and friends are welcomed, and their involvement encouraged, with the service user’s agreement.
14.3 Service users choose whom they see and when; and can see visitors in their rooms and in private.
14.4 Service users have opportunities to meet people and make friends who do not have their disability/illness/addiction.
14.5 Service users can develop personal/sexual relationships with people of their choice, and information is provided to enable the service user to make appropriate decisions.
Daily Routines

OUTCOME
Service users live ordinary domestic lives, and their rights are respected and responsibilities recognised.

STANDARD 15

15.1 Daily routines and house rules are in keeping with ordinary domestic practices, and promote independence, individual choice and freedom of movement, subject to restrictions agreed in the Service User Plan and Placement Agreement.

15.2 The service user’s privacy is respected, unless help is requested and/or as agreed in the Placement Agreement.

15.3 Service users have a key to gain access to the home, unless agreed otherwise in the Placement Agreement.

15.4 Service users’ mail is not opened without their agreement.

15.5 The registered person and household use the service user’s preferred form of address, which is recorded in the service user’s plan.

15.6 The service user has the same freedom of movement within the registered person’s home as other members of the household.

15.7 Arrangements for visitor access and late nights out, subject to what is agreed in the Placement Agreement, are in keeping with reasonable family schedules.

15.8 Service users can keep an assistance dog (guide dog, dog for disabled people, or hearing dog for deaf people);
Meals

OUTCOME

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

STANDARD 16

16.1 The registered person promotes service users’ health and wellbeing by supplying nutritious, varied, balanced and attractively presented meals.

16.2 Food provided suits the service user’s dietary and cultural needs, and respects their individual preferences.

16.3 Meals are offered three times daily including at least one cooked meal; and a range of drinks and snacks to meet the individual’s needs are available at all times.

16.4 Service users are actively supported to help plan, prepare and serve meals.

16.5 Service users eat with the registered person and household, unless otherwise agreed in the Service User Plan/Placement Agreement.

16.6 Service users’ activities/schedules are taken into account in planning meals.

16.7 Service users’ nutritional needs are assessed and regularly reviewed including risk factors associated with malnutrition and obesity.

16.8 Service users who need help to eat are assisted appropriately by the registered person, and assisted to choose appropriate eating aids.
Personal Care

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

STANDARD 17

17.1 The registered person provides sensitive and flexible personal support to maximise service users’ privacy, dignity, independence and control over their lives.

17.2 Personal support is provided in private.

17.3 Times for getting up/going to bed, baths and other activities are flexible (including evening and weekends) within usual family schedules.

17.4 Where needed, the service user receives guidance and support regarding personal hygiene (e.g., to wash, shave) and service users choose their own clothes, hairstyle and makeup.

17.5 Service users have the adaptations and equipment they need for maximum independence, which the registered person is trained to operate as needed, determined by professional assessment, reviewed and changed/replaced promptly as the service user’s needs change, and regularly serviced.

17.6 Service users’ preferences about how they are moved, supported and transferred are complied with, and the reasons for not doing so are explained.

17.7 Service users receive additional, specialist support and advice as needed from physiotherapists, occupational therapists, speech therapists and others, e.g., positioning, modification of equipment.

17.8 General and psychiatric nursing care is provided or supervised by registered nurses as specified in the Service User Plan, monitored and recorded, and regularly reviewed.
Healthcare

OUTCOME
Service users’ physical and emotional health needs are met.

STANDARD 18

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

18.2 Service users are supported and facilitated to take control of and manage their own healthcare, including:

- support to gain access to up to date information and advice about general health issues eg continence, contraception, routine screening;
- support to manage their own medical conditions (eg diabetes) where feasible;
- support to choose their own GP, to make decisions about their own health care/medical treatment, and to seek a second medical opinion;
- Support to access NHS health care facilities in the locality – primary care team, dentist, optician, chiropodist/podiatrist, therapists, community nurses and specialist nurses (eg diabetes specialist nurse, mental health nurse), alternative therapies;
- support to attend outpatient and other appointments;
- support to access independent interpreters.

18.3 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.

18.4 Visits to service users from medical/health care practitioners take place in private unless the service user chooses to have the registered person or other supporter present.
Medication

OUTCOME
Service users retain, administer and control their own medication.

STANDARD 19

19.1 The registered person encourages and supports service users to retain, administer and control their own medication, following a policy and procedures for risk management and for the receipt, recording, storage, handling and disposal of medicines.

19.2 Service users’ consent to medication is obtained and recorded in the Service User Plan.

19.3 The service user, following assessment as able to self-administer medication, has a lockable space in which to store medication, to which the registered person may have access with the service user’s permission.

19.4 The registered person keeps records of current medication for service users including those self-administered.

19.5 The registered person who administers medicines can demonstrate receipt of accredited training including:

- 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.

19.6 The registered person seeks information and advice, if needed and with the consent of the service user, from a pharmacist regarding medicines dispensed for service users.

19.7 The registered person recognises, monitors and reports any change in condition that may be a result of medication and calls in the GP.
Agéing and Death

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

STANDARD 20

20.1 The registered person deals with the process of ageing, illness and death, of a service user with sensitivity and respect.

20.2 The service user is able to receive treatment and care, and to die, in the home unless there is a medical reason for an alternative setting or agreed otherwise in advance in the Placement Agreement.

20.3 The service user’s wishes concerning terminal care and death are discussed, set out in the individual Plan, and carried out, including observation of religious and cultural customs.

20.4 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.

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

20.6 The changing needs of a service user with deteriorating conditions or dementia – for personal support or technical aids – are reviewed and met swiftly to ensure the individual retains maximum control.
Concerns and Complaints

OUTCOME
Service users’ views are listened to and acted on.

STANDARD 21

21.1 The registered person implements a complaints procedure in accordance with the regulations and service users know how and to whom to complain.

21.2 The registered person listens to and acts on issues raised by service users before they develop into problems and formal complaints.

21.3 The registered person ensures that the complaints procedure has been given and 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.

21.4 Issues and concerns raised, and formal complaints made, by service users, and action taken in response, are recorded and notified at once to the AP scheme.

21.5 Service users who want support to express their views or make a complaint are helped to access local independent advocacy, independent interpreters/communication support workers and/or appropriate training.

21.6 Service users and their families are assured they will not be victimised for making a complaint.
Protection from Abuse

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

STANDARD 22

22.1 The registered person safeguards service users 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 the AP scheme’s written policy.

22.2 The registered person understands and deals appropriately with physical and/or verbal aggression by service users as set out in Placement Agreement, and use physical intervention only as a last resort in accordance with Department of Health guidance and in the best interests of the service user.

22.3 The registered person deals appropriately with service users’ money and financial affairs, ensuring eg 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 is not involved in making service users’ wills.
Environment

Premises

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

STANDARD 23

23.1 The registered person’s premises are suitable for the placement; accessible, safe and well-maintained; and meet the service user’s individual needs in a comfortable and homely way, with reference to relevant guidance.

23.2 Service users on respite/short term placements (up to three months) or intermediate care/rehabilitation placements do not share the same premises as those in long term placements unless benefits for both groups can be demonstrated.

23.3 The premises are safe, comfortable, bright, cheerful, airy, clean and free from offensive odours, and provide sufficient and suitable light, heat and ventilation.

23.4 The home provides suitable access to local amenities, local transport and relevant support services, to suit the personal and lifestyle needs of the service user.

23.5 The premises are fully accessible to service users; homes accommodating wheelchair users provide level access, and doorways into communal areas, service user’s rooms, bathing and toilet facilities and other spaces to which wheelchair users need access, have a clear opening width of 800 mm throughout.

23.6 Adequate fire precautions are taken, after consultation with the local fire service.

23.7 The home, equipment and furnishings are maintained in good order.

23.8 The service user shares the registered person’s home as a member of the family, and has access to a telephone suitable for the service user’s specialist requirements.
Individual Rooms

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

STANDARD 24

24.1 Service user(s) have a private bedroom, which has usable floor space, fittings and furnishings sufficient and suitable to meet the individual’s needs and lifestyle.

24.2 The service user is offered the option of a single room; existing double rooms are replaced by 2007; no rooms are occupied by more than two people.

24.3 Single rooms in current use accommodating wheelchair users and service users with complex nursing needs (eg ventilation/life support systems) have sufficient usable floor space (excluding ensuite) for turning, transferring and accessing belongings, and for medical equipment and nursing requirements.

24.4 The furnishings and fittings include a bed, bedding and curtains, space for hanging clothes and drawer space, a bedside table, a table for possessions eg personal electronic equipment.
Adaptations and Equipment

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

STANDARD 25

25.1 The registered person ensures that the adaptations are made and equipment necessary is provided to meet the individually assessed needs of the service user.

25.2 A placement for a person with physical disabilities provides specialist equipment as needed including for example:
- moving equipment/overhead tracking for hoists;
- stair rails, lifts;
- environmental control systems;
- right and left handed rooms;
- individually tailored bathroom fittings/equipment;
- call alarm systems;
- lowered light switches, work surfaces, window openings;
- storage/recharging facilities for wheelchairs/mobility equipment.

25.3 A placement for a person with sensory impairment provide specialist aids and adaptations as needed including for example:
- loops/microphones/minicom/textphones/videophone;
- additional and/or anti-glare lighting; colour contrasting;
- tactile symbols; varied textural surfaces;
- florescent or padded hazards/obstructions (where they cannot be removed);
- computer for users’ personal use;
- TV with video recorder and subtitling facility/sign language.

25.4 Provision of aids, adaptations and equipment follows assessment by, and meets the recommendations of, an occupational therapist or other suitably qualified specialist.
Role and Responsibilities

OUTCOME
Service users benefit from clarity of AP Carer roles and responsibilities.

STANDARD 26

26.1 The registered person explains how they will fulfil their responsibilities as set out in the Placement Agreement and the Service User’s Plan.

26.2 The registered person knows and supports the main aims of adult placement, as set out in the AP scheme’s statement of purpose, AP Carer’s Handbook, and AP Carer Agreement.

26.3 The registered person ensures the service user’s assessed needs are met at all times.

26.4 The registered person can deal with emergencies and has written advice about what to do in a crisis occurring out of normal office hours.

26.5 The registered person is familiar with and implements the AP scheme’s up-to-date and signed policies and procedures, and ensures that service users have access to (and the AP carer has tried to explain) relevant policies and procedures in appropriate formats.

26.6 Certificates and licenses are obtained and are available for scrutiny.

26.7 The registered person has appropriate personal insurance and car insurance covering their work as an AP Carer.

26.8 The registered person is familiar with and complies with standards of conduct and practice set by the General Social Care Council (GSCC).

26.9 The registered person understands, and has explained to the service user, the lines of accountability between the service user, AP carer, AP scheme and Care Manager/Coordinator.

26.10 Individual records kept by the registered person are constructed, maintained and used in line with statutory requirements and the Data Protection Act 1998.

26.11 The registered person informs the service user about planned AP scheme worker visits and NCSC inspections, and ensures the service user has access to AP worker/inspectors.
Qualities and Qualifications

OUTCOME
Service users are supported by competent and qualified AP Carers.

STANDARD 27

27.1 The registered person has the competencies and qualities required to meet service users’ needs.

27.2 The registered person has the skills and experience necessary for the tasks they are expected to do, including:

- knowledge of the disabilities and specific conditions of service users accommodated;
- specialist skills to meet service users’ individual needs, including communication skills;
- appreciation of and ability to balance the particular and fluctuating needs of an individual service user, and the needs of other household members;
- understanding of physical and verbal aggression and self-harm as a way of communicating needs, preferences and frustrations;
- awareness of their own knowledge and skill limitations, and when it is appropriate to involve someone else with more specific expertise;
- knowledge and ability to establish and maintain professional working relationships with eg GPs, social workers, nurses, psychiatrists, therapists and staff working in other care services and community and specialist agencies.

27.3 The registered person holds a NVQ 2 or 3 or other nationally recognised care qualification which meets TOPSS specifications; is working to obtain one by 1 April 2005; or can demonstrate through past work experience their competency to meet the service user’s assessed needs.
Supervision and Support

OUTCOME
Service users benefit from well-supported and supervised AP Carers.

STANDARD 28

28.1 The registered person can demonstrate access to and satisfactory completion of the training and development they need to achieve the aims of the Placement Agreement and National Training Organisation (NTO) workforce training targets, and meet the changing needs of service users.

28.2 The registered person can demonstrate access to and receipt of the support and supervision needed to carry out their jobs.

28.3 The registered person has regular support and supervision from a named person, at intervals agreed for each placement in the Placement Agreement, covering:
- monitoring of work with individual service users;
- support and professional guidance;
- identification of training needs.

28.4 The registered person has access to specialist support and supervision as indicated by service users’ needs and an annual review with the AP scheme.

Records

OUTCOME
Service users’ rights and best interests are safeguarded by the registered person’s record keeping policies and procedures.

STANDARD 29

29.1 The registered person maintains records required by regulation for the protection of service users.

29.2 Service users have access to their records and information held about them by the registered person, and opportunities to help maintain their personal records.

29.3 All 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 30

30.1 The registered person ensures so far as is reasonably practicable the service user’s and their own health, safety and welfare, within the framework of the AP Scheme’s policy.

30.2 The registered person ensures safe working practices including moving and handling, fire safety, first aid, food hygiene and infection control.

30.3 The registered person ensures service users’ and their own health and safety including safe storage and disposal of hazardous substances and maintenance of household appliances and services.

30.4 The registered person has a copy of the AP Scheme’s written policy, organisation and arrangements for maintaining safe working practices.

30.5 The registered person can show that risk assessments have been carried out, and significant findings recorded, for all safe working practice topics.

30.6 The registered person records and reports all accidents, injuries and incidents of illness or communicable disease.
Care Homes Regulations
2001 No.

SOCIAL CARE, ENGLAND

CHILDREN AND YOUNG PERSONS, ENGLAND

The Care Homes Regulations 2001

Made - - - - 2001
Laid before Parliament 2001
Coming into force - - 1st April 2002

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7. Additional information and documents to be obtained in respect of persons working at a care home where children are accommodated
8. 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), 4(6), 22(1), (2)(a) to (d) and (f) to (j), 5(a) and (b), (7)(a) to (j) and (l), 25(1), 34(1), 35(1) and 118(6) and (7) of the Care Standards Act 2000, and of all other powers enabling him in that behalf, having consulted such persons as he considers appropriate, 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 1 April 2002.

(2) These Regulations extend to England only.

(a) 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”.

(b) See section 22(9) of the Care Standards Act 2000 for the requirement to consult.
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(a);
“general practitioner” means a registered medical practitioner who—
(a) provides general medical services under Part II of the National Health Service Act 1977(b),
(b) performs personal medical services in connection with a pilot scheme under the National Health Service (Primary Care) Act 1997(c); or
(c) otherwise provides services as a general medical practitioner;
“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 (d) applies or who is a 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 lineal ancestor, lineal descendant, 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” 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)(b)(i);
“service user” means any person 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;

(a) 10 & 11 Geo.6 c.41.
(b) 1977 c. 49.
(c) 1997 c. 46.
(d) 1999 c.8.
“service user’s guide” means the written guide produced in accordance with regulation 5(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, a contract for services or otherwise than under a contract, 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(a), or
   (ii) in an NHS trust;
(c) it provides the facilities of a sanatorium at a school or educational establishment and the sanatorium is used or intended to be used solely by persons who are in attendance or are employed at that school or establishment or members of their families; or
(d) it is a university, university college, college, school or hall of a university.

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) Nothing in regulation 16(1) or 23(1) or (2) 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 contain—

(a) 1977 c.49.
(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.

(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 content of the service user’s guide; and
(b) notify the Commission and service users of any such revision.

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 alone or in partnership with one or more other persons, and satisfies the requirements set out in paragraph (3); or
(b) 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.

(4) 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, or granted a trust deed for, 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—
Fitness of registered manager

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

(2) A person shall not be 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 is physically and mentally fit to manage the care home; and
   (ii) he has the skills and experience necessary for managing the care home.

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; or

(b) an organisation, it shall ensure that the responsible individual 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, 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 realtionships with each other, 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, safe keeping,
       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 make suitable arrangements to provide a safe system for lifting
       and moving service users.

   (5) 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.

   (6) 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.

   (7) 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) the 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) reviewed and at any time when it is necessary to do so having regard to any change of circumstances.

Service user’s plan

15.—(1) The registered person shall, after consultation with the service user, 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 after consultation with the service user, 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(2), 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, 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 to make suitable arrangements for the disposal of general and clinical waste;

(l) take adequate precautions against risk of accidents, including the training of staff in first aid;

(m) 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 valuable so deposited;

(n) 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;

(o) 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 2 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 3.

(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 and competent persons are working at the care home in such numbers as are appropriate for the health and welfare of service users;

(b) where the care home provides nursing, ensure that at all times a suitably qualified registered nurse is working at the care home;

(c) 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;

(d) 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) 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) in respect of that person he is satisfied on reasonable grounds as to the matters specified in Schedule 4; and

(c) he has obtained in respect of that person the information and documents specified in Schedule 5.

(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) in respect of that person the employer is satisfied on reasonable grounds as to the matters specified in Schedule 4, and has confirmed in writing to the registered person that he is so satisfied; and

(c) the employer has obtained in respect of that person the information and documents specified in Schedule 5, and has confirmed in writing to the registered person that he has done so.

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

(a) he has qualifications suitable to the work that he is to perform, and the experience and skills necessary for such work;

(b) he is fit to work in a position to paragraph (3) applies; and

(c) he is physically and mentally fit for the purposes of the work which he is to perform 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) The written copy of the complaints procedure shall include—

(a) the name and address 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.

(7) 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.

PART IV – PREMISES

Fitness of premises

23.—(1) The registered person shall not use premises for the purposes of a care home unless they are fit to be so used.

(2) For the purposes of these Regulations, premises are not fit to be used as a care home unless—

(a) subject to regulation 4(2), they 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.

(3) 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) all parts of the care home are kept clean and reasonably decorated;

(d) adequate private and communal accommodation is provided for service users;

(e) the size and layout of rooms occupied or used by service users are suitable for their needs;
(f) there is adequate sitting, recreational and dining space provided separately from the service user’s private accommodation;

(g) 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;

(h) 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;

(i) 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;

(j) any necessary sluicing facilities are provided;

(k) suitable provision is made for storage for the purposes of the care home;

(l) suitable storage facilities are provided for the use of service users;

(m) 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;

(n) external grounds which are suitable for, and safe for use by, service users are provided and appropriately maintained;

(o) ventilation, heating and lighting suitable for service users is provided in all parts of the care home which are used by service users;

(4) 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.

(5) The registered person shall after consultation with the fire authority—

(a) take adequate precautions against the risk of fire, including the provision of fire prevention 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.

(6) The registered person shall undertake appropriate consultation with the authority responsible for environmental health for the area in which the care home is situated.
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 provide the Commission with such information and documents as it may require in order to consider 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, the care home shall be visited in accordance with this regulation by—

(a) the responsible individual;
(b) another of the directors or other persons responsible for the management of the organisation; or
(c) an employee of the organisation 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), to each of the directors or other persons responsible for the management of the organisation.

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 10 (placements) of the Children’s Homes Regulations 2001;
      “placing authority” has the meaning given to it in regulation 2(1) (interpretation) of the Children’s Homes Regulations 2001(a).”

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 6.”.
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

(c) his experience and skills 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

(c) his experience and skills 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 10, 13 to 17, 22 and 29 of, and Schedule 5 to, the Children’s Homes Regulations 2001 (placements; contact and access to communications; arrangements for the protection of children; behaviour management, discipline and restraint; absence of a child from the home; 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 29 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 occurrence of notifiable 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 etc.) of these Regulations.
(4) In this regulation, the expression “notifiable infectious disease” has the meaning given to it by regulation 2(1) (interpretation) of the Children’s Homes Regulations 2001.

**Fitness of workers**

33.—(1) Regulation 19 shall have effect as if on each occasion on which the words “Schedule 5” appear there shall be substituted the words “Schedules 5 and 7”.

(2) In regulation 19, paragraph (5) shall have effect as if at the end of that paragraph there were added the following—

“and

(d) his qualifications, experience and skills 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 8;

(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 to 26, 37 to 40, to the extent that those regulations have effect subject to Part VI of these Regulations;

(b) regulations 31 and 34; and

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 and of 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 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 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 proposed absence;
(b) the reason for that 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) the name, address and qualifications of the person appointed in accordance with regulation 8.

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

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 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;

(e) there is to be any change of responsible individual.

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
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 without delay—

(a) notify the Commission of the death in writing; and
(b) appoint a person to take full-time day to day charge of the care home.

(3) The personal representatives of the deceased registered provider may carry on the care home without being registered in respect of it for a period not exceeding 28 days.
Offences

43.—(1) A contravention or failure to comply with any of the provisions of regulations 4, 5, 11 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 paragraphs (5) and (6), he is a registered person;

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

(c) the period specified in the notice, beginning with the date of the notice, has expired and paragraph (4) has not applied at any time during that period; and

(d) the person contravenes or fails to comply with any of the provisions of the regulations mentioned in the notice.

(3) Except where paragraph (4) applies, 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) what action, in the opinion of the Commission, the registered person should take so as to comply with any of those regulations; and

(c) the period, not exceeding three months, within which the registered person should take action.

(4) This paragraph applies where—

(a) the Commission has applied to a justice of the peace for an order under section 20 of the Act and the application has not been determined; or

(b) such an order is in force.

(5) Where the registered provider is an unincorporated body of persons, if an offence is proved to have been committed with the consent or the connivance of, or to be attributable to any neglect on the part of any person responsible for the management of that body, he (as well as the registered provider) shall be guilty of the offence and liable to be proceeded against and punished accordingly.

(6) 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 two 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 and 26 to 37 and Schedules 1 and 4 to 8 shall not apply.

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

(4) Regulation 6 shall have effect as if in paragraph (a) of that regulation the words “the statement of purpose and” were omitted.

(5) Regulation 16 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 shall have effect as if sub-paragraphs (a), (f), (g), (h), (j), (k) and (n) of paragraph (3) and paragraphs (5) and (6) of that regulation were omitted.

(7) Regulation 25 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 2 shall have effect as if sub-paragraph (j) of paragraph 3 of that Schedule were omitted.

(9) Schedule 3 shall have effect as if paragraphs 1, 3, 5, 6, 7 and 12 to 16 of that Schedule were omitted.
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 services 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 services users and their relatives, friends and representatives.
14. The arrangements for dealing with complaints.
15. The arrangements 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 for their supervision.
18. The arrangements for respecting the privacy and dignity of service users.
SCHEDULE 2     Regulation 17(1)(a)(i)

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 and whether he is
       the subject of any court order;
   (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 3

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.
6. A record of all persons employed at the care home, including in respect of each person so employed, including—
   (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 valuable 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 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.
11. 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) any theft or burglary.
12. 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.

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

14. A statement of the procedure to be followed in the event of a fire.

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

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

SCHEDULE 4 Regulation 19(1)(b) and (2)(c)

MATTERS RELATING TO PERSONS WORKING AT A CARE HOME

1. The person’s identity.
2. The authenticity of the person’s qualifications so far as they are relevant to the work which the person is to perform at the care home.
3. The authenticity of references relating to the person.

SCHEDULE 5 Regulation 19(1)(c) and (2)(d)

INFORMATION AND DOCUMENTS TO BE OBTAINED IN RESPECT OF PERSONS WORKING AT A CARE HOME

1. 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;

2. The person’s birth certificate.
3. The person’s current passport (if any).
4. A recent photograph of the person.
5. Either—
   (a) if the position falls within section 115(4) of the Police Act 1997(a), an enhanced criminal record certificate issued under section 115 of that Act (enhanced criminal record certificates); or
   (b) in any other case, a criminal record certificate issued under section 113 of that Act, including in either case the matters specified in, as the case may be, section 115(6B)(a) and (b) or 113(3C)(a) and (b).

(a) 1997 c.50. Sections 113(3C) and 115(6B) were added by section 90 of the Care Standards Act 2000 (c.14).
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.


SCHEDULE 7

Regulations 19 and 33(2)

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

1. Either—
   (a) if the position falls within section 115(3) of the Police Act 1997(a), 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 in either case, the matters specified in, as the case may be, section 113(3A)(a) and (b) or 115(6A) (a) and (b) of that Act.

2. Two written references, including a reference from the last employer.

3. 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.

4. Documentary evidence of any relevant qualification.

5. A full employment history, together with a satisfactory written explanation of any gaps in employment.

SCHEDULE 8

Regulations 24 and 35(1)(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.


(a) 1997 c.50. 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.
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.


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.
Regulatory Impact Assessment
Regulatory Impact Assessment

Title of Regulatory Proposal

1 To introduce new regulations for all care homes (including older people) and national minimum standards for care homes for younger adults and adult placements.

Purpose and Intended Effect of Proposal

2 This regulatory impact assessment (RIA) is provided to assist public consultation on new regulations for care homes for older people and adults. In addition, it covers National Minimum Standards for care homes for younger adults, and adult placements, to be used by the National Care Standards Commission under the Care Standards Act 2000. A separate RIA was undertaken for the Care Standards Bill. A separate RIA on standards for care homes for older people and nursing homes was consulted on as part of the ‘Fit for the Future?’ consultation paper.

Introduction

3 The Care Standards Act 2000 makes provision for reform of the current regulatory system of social care establishments. Most significantly, it will create the National Care Standards Commission (NCSC) which the Government intends to establish in April 2002. This new body will regulate a wide range of social care establishments and agencies, ranging from care homes for older people, to independent fostering agencies and children’s homes. The regulations and standards will apply to all councils in England, and all service providers – private sector, voluntary sector and local authority will be brought under the same umbrella of regulatory provisions. Although the Care Standards Act and the policy changes it will create arose out of welfare concerns for service users, the new system provides a great deal more than just a redress of safety issues. It provides an opportunity to improve the quality of care provided in England.

3.1 When the regulations and national standards are introduced, they will set a clear path for improving service standards where these are defective, with a transitional period for the more challenging standards to allow providers a fair time to adapt. Part II of the Care Standards Act provides the powers to introduce new regulations to govern the standard of provision in homes. It is the Department of Health’s view that the majority of providers will be able to meet the new standards without significant additional cost.
3.2 The new regulatory structure will remedy serious gaps, anomalies and unfairness in the present regulatory arrangements which have grown piecemeal since 1948. National standards will, after consultation, replace the present variable and often inconsistent standards for all types of care homes.

3.3 The new structural arrangements for regulating these homes taken with the introduction of national minimum standards will bring new safeguards and assurances for users and providers. Service users will be assured of improved protection and good quality care, wherever they live. Service providers will operate within a regulatory framework that ensures consistency and a level playing field between local authority, private and voluntary sectors. The NCSC will be wholly independent of local authorities and will have powers, where necessary, to take enforcement action even-handedly, against authorities, or against voluntary or private providers.

3.4 Resources for personal social services are increasing by, on average, 3.4% per annum in real terms over the next three years. These additional resources are being made available to improve the range and quality of social care provision which includes improved quality standards.

We welcome your views and suggestions on the contents of this Regulatory Impact Assessment.

Number of Establishments and Agencies Covered

4 There are at present in England 24,900 care homes. 13,400 are for older people and 11,500 are for adults. In addition, there are 5,900 nursing homes provided by private or voluntary owners, (of which a large majority cater mainly for older people). The number of care homes for adults breaks down into approximately 7,500 care homes and approximately 4,000 private homes providing adult placements; and the following service groups:

Care Homes
- Younger physically/sensorily disabled adults 550
- People with mental illness 2,000
- People with learning disabilities 8,600
- Alcohol/drug misusers 350

Places
- Younger physically/sensorily disabled adults 8,500
- People with mental illness 17,100
- People with learning disabilities 53,400
- Alcohol/drug misusers 3,400

Of the 11,500 care homes for adults, 4,900 are small homes of less than four places (accounting for 14% of places). These are a mixture of homes run by individual providers and groups of small units run by companies or other organisations. Many of the latter have a relatively high financial turnover and are not equivalent to 'small businesses'.

We welcome your views and suggestions on the contents of this Regulatory Impact Assessment.
4.1 This regulatory impact statement gives a fuller analysis of the likely costs and other impact of the new regulations and draft standards for care homes for adults. Consultation has already been carried out on the standards for care homes for older people, which were published on 2 March 2001.

**Objectives**

5 The new regulations are intended to provide the detailed legislative framework for applying new national standards for all provision. National Minimum Standards are intended to act as a code of practice to accompany new legislation to regulate care services. Introducing the new regulatory procedures is intended to:

- Implement Government policy as set out in the Care Standards Act 2000 introducing a single system for registration operated by the National Care Standards Commission;
- Ensure that people wishing to run establishments and agencies within the remit of the Act are fit to do so and that services provide care at a reasonable standard below which they are not allowed to operate.
- Promote consistency of regulation of all sectors of care and health by the National Care Standards Commission.
- Phase in the new standards in such a way as to minimise the burdens on providers, whilst maximising the protection of vulnerable service users.
- Manage the transition to ensure a sufficient supply of new provision continues to be available.

**Risk Assessment**

6 The proposed regulations and national standards seek to address the deficiencies of the current system, in which the inconsistent application of regulations and variable local standards have failed to protect service users adequately from poor quality care. Inspections by the Social Services Inspectorate have identified risks to the health, safety and well-being of service users, when staff in care homes have been untrained and poorly supervised. The cramped and unsuitable accommodation provided in a minority of homes, prevent the personal needs of service users from being attended to in safety and comfort or with dignity and privacy. Community care objectives of supporting older people in their own homes for as long as possible are resulting in increased levels of frailty and disability of service users entering care homes. They often need wheelchairs, other mobility aids and high levels of personal care.
6.1 The community care objective for younger adults is to meet their needs and secure their welfare, as well as promote independence and social inclusion, where they are unable to cope independently in their own homes. For people with learning disabilities, a new national strategy has been published and this includes policies around supporting and promoting independence.¹ Those with physical disabilities need accommodation, facilities and equipment appropriate to their needs, whilst their individuality and desire for dignity, privacy and independence are respected. Key aims for national standards will be to ensure that service users will be provided with properly equipped, adequately sized accommodation and will be cared for by carefully recruited and suitably trained staff.

6.2 Failure to provide adequate care has resulted in deaths by scalding, malnutrition, poisoning and infection brought on by inadequate nursing care. High-profile scandals have repeatedly exposed the vulnerability of service users to intimidation, ill-treatment or, in some cases, physical, sexual and psychological abuse. Financial exploitation of residents has occurred, with their personal monies taken by unscrupulous home owners or staff. Service users consulted have reported numerous indignities suffered, of having been treated with disrespect, in an inhuman and degrading manner and, on some occasions, abusively. Such cases have catastrophic consequences for the individual service users involved, but also undermine the reputation of the entire care sector.

6.3 At any one time there are a substantial number of cases either under investigation by the police or being heard in court. 34 practitioners, in cases involving care homes, were removed from the United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC) register of persons during 1999/2000. This was the largest single proportion of all of those removed, a figure which reflects previous trends. There have also been small numbers of prosecutions for offences of ill treatment of mentally disordered patients in recent years under Section 127(2) of the Mental Health Act 1983.

6.4 Since 1985, 907 appeals against an Authority’s decision to cancel or refuse a care home’s registration under the Registered Homes Act 1984 have been received by the Registered Homes Tribunal. The cancellation decision was upheld in 247 cases and in 491 cases appeals were withdrawn. These are minimum figures since other homes will have closed without going to appeal. The new regulatory framework is intended to reduce the likelihood of unscrupulous providers continuing to operate.

Figures from the Health and Safety Executive on fatal injuries and accidents in care homes are only available for private residential care homes in the UK as follows:

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<td><strong>ii  Accidents</strong></td>
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* reporting procedures changed

6.5 The Human Rights Act adds a new dimension to the protection of service users. The NCSC will be accountable as a public authority under that Act and if providers follow the new standards this should ensure that they work within the principles of the Human Rights Act.

**Options**

7 Two options have been identified:

**Option (i)**

7.1 Do nothing (retain present system). This is not a practicable option. User and provider interests are united in agreeing that the present arrangements are unsatisfactory, for the reasons given in the introduction to this statement. The Government is committed to new regulations governing national standards.

**Option (ii) – New regulations and national standards**

7.2 The new regulations will provide the framework for interpreting and enforcing national standards which will constitute a code of practice. The NCSC will apply regulations and standards on the same basis across England, thereby reducing the potential for variation and inconsistency. This is the option the Government intends to introduce.
Issues of Equity and Fairness

8 A key objective in the development of new regulations and national standards is to promote consistency and fairness in the way the regulatory framework is applied to all providers, local authority, voluntary and private. When setting the level of standards, reference has been made to existing national guidance and current trends in provision wherever possible. Transitional periods will be allowed for compliance with the more challenging standards to be achieved and appropriate rights of appeal will be provided within the regulatory system. Flexibility for existing provision that does not meet all of the physical environment standards has been introduced, since about 15–20% of care homes have small rooms in them, and, for residential care, there is a significant block of local authority homes in this group.

Benefits

9 Identifying the benefits

New regulations and national minimum standards will benefit business by providing one consistent regulatory framework for them to comply with, wherever they operate.

9.1 This will facilitate planning, development and management of services. Voluntary organisations which operate nationally or regionally will similarly benefit. There are likely to be additional benefits from improved skills in the care home workforce, which should result in reduced costs in other areas of social and health care provision. Service users and carers will be assured of decent quality care wherever their needs arise and confidence in the regulatory system will be enhanced.

9.2 Quantifying and valuing the benefits

The major beneficiaries of the new regulatory framework will be service users and carers. There are approximately half a million people in residential care and nursing homes. The regulations and standards will address all aspects of the care provided including health, diet and nutrition, personal development, quality of life and lifestyle, quality and safety of the environment and staff reliability and competence.

9.3 Service users of care homes for older people are increasingly very frail, mentally confused and/or disabled; they are highly dependent on providers and regulators to ensure that they have a safe, secure and comfortable life. These benefits are difficult to quantify but are of inestimable value.

9.4 Service users of care homes for adults may be very dependent physically, vulnerable psychologically or in other ways, due to learning disability, mental health needs or drug or alcohol problems. Consultation has demonstrated the vital importance to them of having access to accommodation and facilities that meet their needs and being cared for by a well-trained, competent and experienced workforce.
9.5 Providers of homes which meet national standards are also likely to benefit. For example, local social services authorities are expected to allocate a single room to service users as a matter of policy. The results of this policy may be reflected in the Performance Assessment Framework (PAF) Indicators. So compliance with the single room ratio, in addition to enabling standards on dignity, privacy, choice and independence to be met, should also secure a market advantage.

**Compliance costs for business, charities and voluntary organisations**

10 Introduction

Option 1 is not viable. It would fail to address problems of inconsistency which disadvantage users and providers alike. It would involve not commencing the Care Standards Act 2000 as a whole, or not commencing the Sections relevant to care homes in order to keep the current system of regulation. The degree of work and consultation that has produced the Care Standards Act 2000 makes this an impractical option. The strength of public support for reform, and of Government commitment to improving the quality of care received by vulnerable adults, make this an undesirable course of action. There would of course be cost implications in maintaining the regulatory framework as currently operated. Not least the high level of subsidy for the cost of registration and inspection provided through local authorities to mainly private providers.

10.1 We have restricted our analysis of the cost to business primarily in relation to option 2. It is important to note at the outset that the market has changed much in recent years with significant increases in quality. This has been driven by regulatory authorities, LA purchasing strategies and users’ preferences, all demanding high quality services. A manifestation of this is the trend towards single rooms.

10.2 This is important because the new regulations and standards will not in the majority of cases, add an extra burden on providers over and above what has been happening, incrementally over recent years. What the regulations will deliver is a consistency of standard, hitherto left to local discretion. The impact of the regulations should therefore be assessed in terms of the additional burden that might be placed on some providers, over and above what we would expect to be the case through the normal course of events – ie the past, and presumed continued drive for quality improvement. The analysis below is therefore couched in these terms.

**Business Sectors Affected**

11 These are set out in paragraph 4.
Compliance Cost for Typical Business

12 It is difficult to define a typical business in this context. Many providers will be meeting all of the proposed standards currently, and will have little or no extra costs. Some will be meeting most of the standards and will have some, but not significant extra costs. Some providers will fail on a number of the standards and would face significant costs. However, significant failure to meet the standards is likely to be symptomatic of current unacceptably low levels of care, which are detrimental to service users. It is likely that all new entrants to the market will be aiming for the draft standards already, and some established providers already have a development programme to upgrade existing homes.

Most of the standards are good practice and will have little direct effect on costs, but a profound effect on the quality of life for service users, for example, through rigorous staff recruitment practice, the requirement for robust complaints procedures, the emphasis on service user involvement in how the home is run and decision making, and a greater concern for privacy, and dignity, and treating service users with respect.

There are three main areas where it might be expected that the new standards would add to costs: fees, those standards which relate to the physical environment and those which relate to staffing.

Comments on the following analysis are invited from small business and large operators, from the voluntary sector, local authorities and service users. Information would be particularly valuable regarding the number of services which comply or do not comply with the standards proposed.

Providers are also asked for estimates of the effect of compliance on turnover, profitability and competitiveness.

12.1 Fees – It is the intention that the National Care Standards Commission will be self-financing in due course and the level of fees for providers of care homes will clearly have an impact on overall cost to them. Separate consultations in 2001 on Applications for Registration and Annual Fees will cover the impact of fees. Within the current regulatory framework the total cost of regulating care services, including nursing homes but excluding under eight’s provision, is £62 million².

Income from fees totals £38 million¹. However, the total current subsidy by Local Authorities and Health Authorities is £24 million¹ which will need to be recouped by the Commission over time.

² Source: Department of Health Survey ‘Activity, workload and resources of Local Authorities, Health Authorities and Joint Inspection Units: Summary results of a survey in England 1999–2000’ Published by the Department of Health November 2000.
12.2 **Staff training:** Most of the current regulatory authorities set standards for qualification and training as prerequisites for the registration of managers of care homes. Managers have a critical role in ensuring reasonable quality care is provided and are accountable in law for any deficiencies found. It is essential that they possess or achieve appropriate levels of competence, skills and experience.

12.3 The care home workforce is very poorly trained at present, despite increasing demands being placed on them to care for service users with complex needs and high levels of dependence. The current legislation requires registered providers to employ suitably qualified and competent staff and this requirement has been emphasised in decisions of the Registered Homes Tribunal. The draft regulations under the Care Standards Act 2000 replicate this requirement. Services are expected to provide a reasonable level of training to provide competent staff. This RIA therefore considers the difference between current requirements and what the minimum standards set out.

12.4 The Government is committed to improving upon the low levels of training to ensure the proper protection and care of vulnerable people. Consultation with service users has indicated that staff training is an aspect of care provision causing great concern. Adults living in care homes are highly critical of the lack of training and experience of the staff providing services. The consequences highlighted range from inappropriate and unsafe moving and handling, to verbal and physical abuse and mistreatment. Lack of experience or training is cited as a reason for staff mishandling the behaviour of residents and escalating difficult situations to the point of conflict. Matching the TOPSS training strategy, the consultation document on standards aims to ensure that 100% of registered managers and 50% of staff being trained to levels 4NVQ and 2NVQ by 2005. It also sets out basic levels of induction and foundation training.

### Training – Care Homes for Younger Adults

12.5 Available data on the workforce and on qualifications held is incomplete. Some reliable data relate to local authority staff. Much of the data on the private and voluntary sector does not distinguish between service groups.

12.6 In this sector, approximately 90% of officers in charge of local authority homes have a qualification.

The level of provision of training by current providers varies widely. One small organisation consulted for this RIA provides no care staff training, the medium sized organisation has 36% of its care staff trained to NVQ L2 and the large organisation has 12–15% of its care staff so trained. Two other organisations contacted have 75–80% of their care staff trained. In the absence of any other data, if we assume the current level of trained care staff across organisations is 12–15% (we consider this is a low assumption), then to meet 50% trained by 2005, approximately 35% of local authority and independent sector care staff (estimated to be 17,000) will need to be trained over the five year period. An estimated 12% turnover may also mean an additional cost per annum for induction and foundation training. At some point, as the volume of trained staff increases, the induction and foundation costs should start reducing.
Training – Care Homes for Older People

12.7 We do not have reliable data on the total number of staff working in care homes in this sector although these are estimated at around 200,000. On the assumptions outlined above, approximately 35% of care staff will need training to the required standard between 2001 and 2005.

What is your estimate of the compliance cost of meeting regulations and standards on training for staff working in care homes?

What benefits for service users are to be had from a properly trained workforce in care homes for older people and younger adults?

13 Staffing levels

Staffing standards will be based on the assessed needs of service users and an assessment model will be used to determine the necessary level of staff and their qualifications. Work to develop appropriate models is currently in hand in the Department of Health.

Please let us have your views on appropriate staffing levels and qualifications for care homes and the potential additional costs.

14 Physical Environment Standards

14.1 Care Homes for Older People

An analysis of the impact of proposed standards for care homes for older people was published in ‘Fit for the Future?’ in September 1999. This concluded that 50% of local authority and 20–25% of private care homes would have difficulty meeting the suggested space standards. The cost of introducing the requirement for 80% of places to be provided in single rooms was estimated at £80 million.

As a result of consultation with provider organisations, particularly those representing smaller providers, greater flexibility has been introduced for room sizes and the timescale for compliance for these standards extended from 2002 to 2007. Forward projection of current market trends suggests that, as a result, all reasonable providers should have no difficulty in meeting the finalised standards and (draft) regulations and the cost impact will be significantly reduced.

14.2 Care Homes for Younger Adults

The standards propose that all service users should be offered the choice of a single room. Single rooms for service users is accepted good practice and is widely observed in this care sector. It was unusual for providers of services for people with learning or physical disabilities to regard this standard as posing any difficulties. Exceptions are found mainly in the drugs and alcohol abuse sector.
14.4 Discussions are currently taking place with key providers to agree reasonable timescales within which existing provision for drug and alcohol abuse could be improved in line with other service sectors. The consultation process will allow accurate data to be collected regarding the costs to providers and benefits to service users of the standards proposed.

14.5 **Size of rooms:** The standards proposed generally match those announced recently for care homes for older people in terms of size, conditions for exercising flexibility and timescale for compliance. We have incomplete information on the cost of compliance with environment standards, although consultation undertaken so far has indicated that the standards proposed, in line with the flexibilities set for care homes for older people, will not pose major difficulties.

14.6 A Department of Health survey carried out in March/April 1999 showed that only 13% of homes for adults have some rooms less than 10 sq m. We anticipate that giving flexibility down to 9.3 sq m should deal with most of those 13%. The survey also showed that only 7% of homes had more than 20% of places as shared places.

14.7 By building in these flexibilities and consulting the different care sectors, we are reasonably confident that over a period of time most providers will be able to manage cost compliance. On the assumption that market trends toward improvement in provision will continue as at present, we estimate that 0.7% of places would need to be decommissioned and replaced in order to meet the environmental standards proposed. The cost would vary according to the fee levels charged, which cover a wide range in this care sector.

*What is your estimate of the compliance cost of meeting the physical environment regulations and standards for care homes?*

**Consultation with a Large and Medium Sized Business in the Care Home Sector**

15 **Large charity organisation which has opened 85 homes, with a considerable variation in size, across the UK providing residential and nursing care for disabled people.**

This organisation supported the proposed standards and welcomed the approach and style. It is this organisation's policy to offer every resident a single room unless residents elect to live together. They were already engaged in a programme of reconfiguring traditionally built 24 bed units into smaller clusters. They noted that the average cost involved in such conversion was £52,000 per establishment. Costs differed according to the model of care home used and size of unit. There were also additional costs of deploying staff in smaller units and for training. This organisation also noted that purchasers were increasingly reluctant to commission beds in larger units.
Medium sized organisation with about 80 registered care houses – a national charity for people with learning disabilities.

This proprietor already provides single rooms for residents and, apart from those for 3 married couples, has no double rooms at all. This organisation welcomed the standards and was already working to achieve or maintain them. There would not be a huge cost consequence for which the organisation was not already planning. The two main cost categories would be:

(a) fees ie the potential implications of improvements for fees
(b) timescale – particularly relating to the physical standards and training.

It was estimated that to upgrade over time all remaining services that do not meet the standards would cost approximately £660,000, plus an additional £50,000 per annum for cleaning, maintenance and redecoration. For a residential home being built new, the physical environment standards would add approximately 12% to capital costs.

Consultation with small business: ‘The Litmus Test’

Small providers of care homes vary widely in the standards they provide. It has proved difficult to obtain a representative sample of such a diverse range of provision. To facilitate constructive feedback on both the potential benefits and likely cost and administrative implications for small providers, the Small Business Service has agreed to set up a forum, with the Department of Health, for small providers to consider the potential impact of the regulations and standards for this service sector. The outcome of that consultation will inform the process of finalising the regulations and standards. A representative sample of responses will be included in this section of the RIA.

What is your estimate of the total cost of compliance to the new regulations and standards?

In addition to cost compliance we would welcome your views on additional administrative requirements and how much extra time may be required.

Total compliance costs

Total compliance costs for the implementation of the regulations and standards are difficult to estimate in view of the lack of reliable data. Further detailed work will need to be done on the likely cost of implementation once the final Regulations have been confirmed. The resources made available for improving personal social services over the next three years are increasing substantially above the rate of inflation and will average 3.4% per annum in real terms. Implementation costs will also need to be set alongside the improvements in quality of life and protection for people receiving these services.
Consultation

19 In developing the Fit for the Future consultation paper there was considerable consultation undertaken by the Centre for Policy on Ageing with providers, service users and regulators about care home standards.

19.1 The Department of Health then undertook broad consultation over several months on the detail of that paper. The responses to consultation have been taken into account in the published version of the standards, for the draft standards for care homes for younger adults and for adult placements, as well as the regulations.

19.2 There has been extensive consultation with focus groups for service users and carers, with providers, commissioners and regulators in order to seek views on the draft standards for younger adults as they were being developed. Service users have also considered final drafts of standards to discuss how they meet their expectations. This is in keeping with the aim of developing a regulatory regime which is based on the needs of service users and promotes social inclusion. A reference group of representative organisations covering the whole spectrum of care for younger adults has been extensively consulted for advice and comment.

19.3 Draft regulations and standards are now being issued for consultation with this regulatory impact assessment.

Summary

20 The Government is publicly committed to reforming the current regulatory arrangements for care homes and nursing homes. It recognises the need for transitional arrangements to phase in the changes needed to improve standards. The proposals for reform will ensure greater protection for vulnerable people and establish a system which benefits all involved, by providing a more comprehensive and consistent approach to regulation. The results of this consultation exercise will be taken into full account when determining the balance between expected costs to providers and the benefits to service users and their carers of ensuring good quality care.

Enforcement, Sanctions, Monitoring and Review

21 Implementation of these standards and regulations will be carried out by the National Care Standards Commission, which will inspect care homes regularly, review compliance and take any enforcement action.
21.1 The Department of Health intends to monitor the response to the standards, regulations and this regulatory impact assessment, and to make any changes as necessary. The regulations are intended to be published in the Autumn 2001 in order to enable providers time to adjust to the standards before they become a legal requirement in April 2002. The revised standards for care homes for older people have been published before this consultation but the standards for care homes for younger adults and adult placements are also due to be published in the Autumn 2001.

21.2 The national minimum standards will be regularly reviewed and amended where necessary. Where significant amendments are proposed, the Government has pledged there will be further consultation, to ensure that the views of the sector and service users are fully represented.

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Summary of RIA Questions

1. Information would be particularly valuable regarding the number of services which comply or do not comply with the standards proposed.

2. Providers are also asked for estimates of the effect of compliance on turnover, profitability and competitiveness?

3. What is your estimate of the compliance cost of meeting regulations and standard on training for staff working in care homes?

4. What benefits for service users are to be had from a properly trained workforce in care homes for older people and younger adults?

5. Please let us have your views on appropriate staffing levels and qualifications for care homes and the potential additional costs.

6. What is your estimate of the compliance cost of meeting the physical environment regulations and standards for care homes?

7. What is your estimate of the total cost of compliance to the new regulations and standards?

8. In addition to cost compliance we would welcome your views on additional administrative requirements and how much extra time may be required.