

Statutory guidance for service providers and responsible individuals on meeting service standard regulations

This guidance relates to Parts 3 to 19 of The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017

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Contents

Title	Page
About this guidance	3
List of key terms	5
Chapter 1: Requirements on Service Providers (Parts 3-14 of the Regulations)	7
1.1 General requirements on service providers (Part 3, Regulations 6 - 12)	7
1.2 Requirements on service providers as to the steps to be taken before agreeing to provide care and support (Part 4, Regulation 13)	15
1.3 Requirements on service providers as to the steps to be taken on commencement of the provision of care and support (Part 5, Regulations 14 – 17)	18
1.4 Requirements on service providers as to the information to be provided to individuals on commencement of the provision of care and support (Part 6, Regulations 18 – 19)	24
1.5 Requirements on service providers as to the standard of care and support to be provided (Part 7, Regulations 20 – 25)	27
1.6 Requirements on service providers – safeguarding (Part 8, Regulations 26 – 31)	37
1.7 Requirements which only apply where accommodation is provided (Part 9, Regulation 32)	44
1.8 Requirements on service providers as to staffing (Part 10, Regulations 33 – 38)	46
1.9 Requirements on service providers as to premises, facilities and equipment (Part 11, Regulations 39 – 44)	56
1.10 Additional requirements on service providers in respect of premises – new accommodation (Part 12, Regulations 45 – 50)	65
1.11 Requirements on service providers as to supplies, hygiene, health and safety and medicines (Part 13, Regulations 51 – 54)	68
1.12 Other requirements on service providers (Part 14, Regulations 55 – 61)	73
Chapter 2: Requirements on Responsible Individuals (Parts 15 to 19 of the Regulations)	85
2.1 Requirements on responsible individuals for ensuring effective management of the service (Part 15, Regulations 62 – 69)	85
2.2 Requirements on responsible individuals for ensuring effective oversight of the service (Part 16, Regulations 70 – 72)	93
2.3 Requirements on responsible individuals for ensuring the compliance of the service (Part 17, Regulations 73 – 75)	96
2.4 Requirements responsible individuals for monitoring, reviewing and improving the quality of the regulated service (Part 18, Regulations 76 – 77)	99
2.5 Other requirements on responsible individuals (Part 19, Regulations 78 – 80)	102

About this guidance

This guidance is issued by the Welsh Ministers under section 29 of the Regulation and Inspection of Social Care (Wales) Act 2016 (the Act). It sets out:

- a. how providers of regulated services may comply with the requirements imposed by the regulations made under section 27 of the Act, and
- b. how persons designated as a responsible individual for a regulated service may comply with the requirements imposed by the regulations made under section 28 of the Act.

Section 29(3) of the Act states that providers of regulated services and responsible individuals **must have regard** to this guidance in meeting requirements imposed by regulation under section 27 and 28 of the Act.

This guidance applies to all service providers applying for registration or registered to provide a regulated service and designated responsible individuals under the Act.

It has been produced to cover a range of care services providing care and support to individuals of different ages and with different aspirations and needs. It is detailed in part to ensure that individuals, particularly those who are physically frail or vulnerable, receive the right care to promote their well-being and safety. Many of the expectations contained in this guidance have wider application across individuals who use care and support services.

How to use this guidance

Prospective service providers and responsible individuals

Persons who wish to provide a regulated service must make an application for registration to the Care and Social Services Inspectorate Wales (CSSIW) who act as the service regulator on behalf of the Welsh Ministers. Prospective service providers and responsible individuals must demonstrate that they will be able to meet the requirements imposed by the Act and the regulations and once registered, that they will continue to meet them.

In order to grant an application to register, CSSIW must be satisfied that any prospective service provider of regulated services can and will meet the standards of service provision specified in the regulations under section 27 of the Act. CSSIW must be satisfied that persons designated as a responsible individual can and will comply with the duties set out in regulations under section 28 of the Act.

CSSIW will use this guidance to inform its decisions to grant or refuse applications for registration as a service provider.

Registered service providers and designated responsible individuals

Registered service providers of regulated services and designated responsible individuals must meet the requirements of the Act and the regulations. They **must have regard** to this guidance and it is intended to help them understand how they can meet the requirements of the regulations. CSSIW will use this guidance to inform decisions about the extent to which registered providers are meeting the requirements of the regulations under section 27 and 28 of the Act.

Service providers are responsible for deciding how the requirements of the regulations will be met taking into account the needs of individuals using the service and the statement of purpose for the regulated service.

When registered service providers and responsible individuals do not follow this guidance, they must provide evidence that their approach enables them to meet the requirements of the regulations.

Structure of this guidance

The guidance relates to Parts 3 to 19 of The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017.

Parts 3 to 14 of the Regulations set out the requirements on a service provider in relation to the standard of services that must be provided. These standards are linked to the well-being outcomes statement issued by the Welsh Ministers under section 8 of the Social Services and Well-being (Wales) Act 2014. They highlight the importance of the well-being of individuals who are receiving care and support. The Regulations also impose other requirements on providers related to the operation of the regulated service.

Parts 15 to 19 of the Regulations set out the duties placed on the designated responsible individual in relation to a regulated service. Those duties include a requirement to supervise the management of the service including the appointment of a suitable and fit manager. The intention is to ensure that a designated person at an appropriately senior level holds accountability for both service quality and compliance and ensures that there is a clear chain of accountability linking the corporate responsibility of the service provider and the responsible individual with the role of the manager of the service.

The guidance sets out the following:

- a) **A summary of the intention of each Part of the Regulations.**
- b) **The text of each regulation.**

It is important that service providers and responsible individuals refer to the text of each regulation as the first source of information about what the requirements are and how to meet them. This guidance provides further explanation on how to meet the individual components of each regulation where further clarification and definition may be needed. Where the text of the regulation itself is self-explanatory, no further guidance is given.

- c) **Guidance on the requirements of individual components of the regulation.**

The guidance on individual components of each regulation should not be considered exhaustive as there may be other ways that service providers and responsible individuals can show that they meet each component of the regulation.

List of key terms used within this guidance

Term	Meaning
The Act	The Regulation and Inspection of Social Care (Wales) Act 2016
The 2014 Act	The Social Services and Well-being (Wales) Act 2014
Care and Support Plan	A plan put in place by the local authority under section 54 (in relation to adults, children or a carer) or section 83 (in relation to looked after and accommodated children) of the 2014 Act
Personal Outcomes	<ul style="list-style-type: none"> • In relation to an adult, means the outcomes that the adult wishes to achieve in day to day life; • In relation to a child, means— <ul style="list-style-type: none"> (a) the outcomes that the child wishes to achieve, or (b) the outcomes that any persons with parental responsibility wish to achieve in relation to the child
Personal Plan	The plan required to be prepared in accordance with Regulation 14
Provider Assessment	The assessment which is required to be carried out by the service provider in accordance with Regulation 17
Representative	Any person having legal authority, or the consent of the individual to act on the individual's behalf
Responsible Individual (See section 21 of the Act for a full description)	<p>Must be either:</p> <ul style="list-style-type: none"> • where the service provider is an individual, the service provider, • where the service provider is a partnership, one of the partners • where the service provider is a body corporate, other than a local authority <ul style="list-style-type: none"> ○ a director or similar officer of the body ○ in the case of a public limited company, a director or company secretary ○ in the case of a body corporate whose affairs are managed by its members, a member of the body • where the service provider is an unincorporated body, a member of the body • where the service provider is a local authority, an officer of the local authority designated by the authority's director of social services <p>and whom CSSIW are satisfied is a fit and proper person to be a responsible individual</p> <p>and is designated by a service provider in respect of a place at,</p>

	<p>from or in relation to which the provider provides a regulated service</p> <p>and is specified as such in the service provider’s registration</p> <p>NB In certain circumstances (see Regulation 85, not covered in this guidance) the responsible individual may be designated by CSSIW (on behalf of the Welsh Ministers) and not the service provider.</p>
Service Commissioner	The local authority or NHS body which is responsible for making arrangements with the provider for care and support to be provided to an individual
Service Provider	A person registered with CSSIW to provide a regulated service
Staff	<ul style="list-style-type: none"> • Persons employed by the service provider to work at the service • Persons engaged by the service provider under a contract for services • This does not include persons who are allowed to work as volunteers
‘The individual’	Unless the context indicates otherwise, the child or adult who is receiving care and support
‘The individual’s needs’	The person’s care and support needs
‘The Regulations’	The Regulated Services (Service Providers and Responsible Individuals) Regulations 2017
‘The service’	<p>The regulated service which is provided by a service provider at, from or in relation to a place specified in a condition to the service provider’s registration</p> <p>NB This does not apply to references to “the service” in Part 21 – in relation to Service Providers who are liquidated etc or who have died.</p>
‘The service regulator’	In practice, this means CSSIW acting on behalf of the Welsh Ministers in the exercise of their regulatory functions
‘The statement of purpose’	The statement of purpose for the place at, from or in relation to which the service is provided
‘The workforce regulator’	Social Care Wales (known as The Care Council for Wales until 3 April 2017)

Chapter 1: Requirements on Service Providers (Parts 3 to 14 of the Regulations)

1.1 General requirements on service providers (Part 3)

The intent of the general requirements within Part 3 of the Regulations is to ensure that the service providers puts in place governance arrangements to support the smooth operation of the service and ensure that there is a sound base for providing high quality care and support to achieve the personal outcomes the individuals using the service. This includes the following:

- Setting clear organisational intent and direction by outlining the services provided and the actions the service provider will undertake to achieve this in the statement of purpose.
- Putting in place the underpinning policies and procedures to support managers and staff to achieve the aims of the service and individuals' personal outcomes.
- Establishing sound management structures to oversee and monitor the service to ensure that it operates safely and effectively for the individuals receiving care and support.
- Establishing clear arrangements for an ongoing cycle of quality assurance and review to provide assurance that the service operates in line with legal requirements, its statement of purpose and is supporting individuals appropriately to achieve their personal outcomes. The information obtained through monitoring is used for continued development and improvement of the service.
- Maintaining oversight of financial arrangements and investment in the business so that individuals using the service are supported to achieve their personal outcomes and are protected from risk of unplanned removal or change in the services provided due to financial pressures.
- Promoting a culture of openness, honesty and candour at all levels.

Regulation 6	Guidance
<p>Requirements in relation to the provision of the service</p> <p>6. The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.</p>	<ul style="list-style-type: none">• The service provider has clear arrangements for oversight and governance of the service to establish, develop and embed a culture which ensures that the best possible outcomes are achieved for individuals using the service and meet the requirements of these regulations.

	<ul style="list-style-type: none"> • This includes but is not limited to: <ul style="list-style-type: none"> ○ policies and procedures to achieve the aims of the statement of purpose and place people at the centre of the service; ○ systems for assessment, care planning, monitoring and review which support individuals to achieve their personal outcomes; ○ processes to ensure care is delivered consistently and reliably; ○ safe staffing arrangements to meet the care and support needs of individuals using the service; ○ quality and audit systems to review progress and inform service development; ○ a proactive approach to equal opportunities and diversity; and ○ suitable premises, facilities and equipment.
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Regulation 7	Guidance
<p>Requirements in relation to the statement of purpose</p> <p>7.—(1) The service provider must provide the service in accordance with the statement of purpose.</p> <p>(2) The service provider must—</p> <p style="padding-left: 20px;">(a) keep the statement of purpose under review, and</p> <p style="padding-left: 20px;">(b) where appropriate, revise the statement of purpose.</p> <p>(3) The service provider must notify the service regulator, the individuals, the placing authority (where relevant) and, where appropriate, any representative of any revision to be made to the statement of purpose at least 28 days before it is to take effect.</p> <p>(4) The service provider must provide the up to date statement of purpose to any person on request, unless it is not appropriate</p>	<ul style="list-style-type: none"> • The statement of purpose is fundamental to the service. It must: <ul style="list-style-type: none"> ○ accurately describe the services provided; ○ state where and how these will be provided; and ○ the arrangements to support this. • It must include the information set out in regulation 21 of The Regulated Services (Registration) (Wales) Regulations 2016. • For accommodation-based services, a statement of purpose is provided for each place/location at which a service will be provided. • For domiciliary support services, a statement of purpose is available for each place from or in relation to which services are provided. • The service provider reviews and updates the statement of purpose at least annually or when changes are being made to the service provided.

to do so or would be inconsistent with the well-being of an individual.

- Where there is an intention to significantly change the service being provided, the service provider must notify the service regulator 28 days prior to these being made. Examples of this include:
 - where a service which does not provide nursing care intends to provide nursing care;
 - provision of additional specialist services;
 - where a specific service referred to in the statement of purpose is to be withdrawn; or
 - changes to the staffing arrangements.
- The service provider satisfies the service regulator of their ability to provide the services proposed for example; through additional information or visit to the service.
- Where the statement of purpose is updated a record is maintained of the version and date of amendment.
- A copy of the statement of purpose is readily available to individuals who use the service, staff and any interested person who may request it. It is a public statement of what the service provides and how the service is run.

Regulation 8

Guidance

Requirements in relation to monitoring and improvement

8.—(1) The service provider must ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of care and support provided by the service.
 (2) Those arrangements must include arrangements for seeking

- Service providers have systems and processes in place to monitor, review and improve the quality of care and support. This will include:
 - who is responsible for ensuring this is done;
 - how this will be done;
 - how often this takes place; and
 - arrangements for the responsible individual to report to the service provider.

the views of—

- (a) individuals,
- (b) any representatives, unless this is not appropriate or would be inconsistent with the individual's well-being,
- (c) in the case of an individual who is a child provided with accommodation as part of a care home service, the placing authority,
- (d) service commissioners, and
- (e) staff,

on the quality of care and support provided by the service and how this can be improved.

(3) When making any decisions on plans for improvement of the quality of care and support provided by the service, the service provider must—

- (a) take into account the views of those persons consulted in accordance with paragraph (2), and
- (b) have regard to the quality of care report prepared by the responsible individual in accordance with regulation [76](4).

- The outcome of any review is analysed and reviewed by people with the appropriate skills and competence to understand its significance and take action to secure improvement.
- The systems and processes are continually reviewed to make sure they enable the service provider to identify where quality and/or safety of services are being, or may be, compromised and to enable an appropriate timely response.
- As part of the quality review process, service providers:
 - encourage feedback;
 - regularly seek the views of the relevant people about the quality of care and support; and
 - are able to demonstrate they have done this and the nature of the feedback they have received.
- Service providers are able to show how they have:
 - analysed and responded to the information gathered; and
 - used the information to make improvements.
- Service providers seek professional/expert advice as needed and immediately to help them to identify and make improvements.
- Service providers monitor progress against plans to improve the quality and safety of services, and take appropriate action immediately where progress is not achieved as expected.
- Information collated through quality and audit systems is used to develop the review of quality of care and support report, which is made available to individuals using the service.

Regulation 9	Guidance
<p>Requirements in relation to the responsible individual</p> <p>9.—(1) The service provider must ensure that the person who is designated as the responsible individual—</p> <p>(a) is supported to carry out their duties effectively, and</p> <p>(b) undertakes appropriate training.</p> <p>(2) In the event that the service provider has reason to believe that the responsible individual has not complied with a requirement imposed by the regulations in Parts 15 to 19, the provider must—</p> <p>(a) take such action as is necessary to ensure that the requirement is complied with, and</p> <p>(b) notify the service regulator.</p> <p>(3) During any time when the responsible individual is absent, the service provider must ensure that there are arrangements in place for—</p> <p>(a) the effective management of the service,</p> <p>(b) the effective oversight of the service,</p> <p>(c) the compliance of the service with the requirements of the regulations in Parts 3 to 14, and</p> <p>(d) monitoring, reviewing and improving the quality of the care and support provided by the service.</p> <p>(4) If the responsible individual is absent for a period of more than 28 days, the service provider must—</p> <p>(a) notify the service regulator, and</p> <p>(b) inform the service regulator of the interim arrangements.</p>	<ul style="list-style-type: none"> • The service provider has arrangements in place for regular formal discussion and support for the responsible individual. • The service provider has mechanisms in place for the responsible individual to feedback overall service performance, and communicate any urgent matters requiring immediate action. This could include, but is not limited to: <ul style="list-style-type: none"> ○ sudden or unexplained death; ○ natural disaster; ○ financial irregularities; ○ significant outbreak of infection; ○ significant concerns raised by the regulator or commissioners; and ○ any event, which affects staff availability. • The service provider supports the responsible individual to undertake training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by Social Care Wales. • Where a responsible individual has failed to fulfil their role the service provider will notify the service regulator of action taken and where relevant advise of the arrangements to designate a replacement. This will not apply where the service provider and the responsible individual are the same person. • If there is no responsible individual or the responsible individual is unable to fulfil their duties for any reason e.g. absent from their role due to illness, the service provider ensures that the responsibility for the oversight and management of the service set out in the section 28 regulations are met.

Regulation 10	Guidance
<p>Requirements in relation to the financial position of the service.</p> <p>10.—(1) The service provider must take reasonable steps to ensure that the service is financially sustainable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>(2) The service provider must maintain appropriate and up to date accounts for the service.</p> <p>(3) The service provider must provide copies of the accounts and any related documents to the Welsh Ministers within 28 days of being requested to do so.</p> <p>(4) The Welsh Ministers may require accounts to be certified by an accountant.</p>	<ul style="list-style-type: none"> • Systems are in place to ensure financial planning, budget monitoring and financial control is carried out effectively. • The service provider has the financial resources needed to provide and continue to provide the services described in the statement of purpose and in order to meet the requirements of the regulation. • The service provider has appropriate insurance and suitable indemnity arrangements to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks. • Where audited accounts are not available, annual accounts are completed by a qualified accountant for the purpose of regulation and inspection. • The accounts demonstrate that the service is financially viable and likely to have sufficient funding to continue to fulfil its statement of purpose.

Regulation 11	Guidance
<p>Requirements to provide the service in accordance with policies and procedures</p> <p>11.—(1) The service provider must ensure that the following policies and procedures are in place for the service— Medication (see Part 13, regulation [54]) Supporting individuals to manage their money (see Part 8,</p>	<ul style="list-style-type: none"> • The service provider has the policies and procedures required by regulation 7(1) of the Regulations. • Policies and procedures are proportionate to the service being provided in accordance with the statement of purpose. • Policies and procedures:

<p>regulation [28]) Infection control (see Part 13, regulation [52]) Behaviour support (see Part 7, regulation [25]) Use of control or restraint (see Part 8, regulation [29]) Whistleblowing (see Part 14, regulation [61]) Admissions and commencement of the service (see Part 5, regulation [13]) Complaints (see Part 14, regulation [60]) Safeguarding (see Part 8, regulation [27]) Staff support and development (see Part 10. regulation [35]) Staff discipline (see Part 10, regulation [38]) (2) Where the service includes the provision of accommodation for children, the service provider must have a policy in place on the prevention of bullying, procedures for dealing with an allegation of bullying and a procedure to be followed when any child for whom accommodation is provided is absent without permission (see regulation [27(5)]).</p> <p>(3) The service provider must have such other policies and procedures in place as are reasonably necessary to support the aims and objectives of the regulated service set out in the statement of purpose.</p> <p>(4) The service provider must ensure that the content of the policies and procedures which are required to be in place by virtue of paragraphs (1) to (3) is —</p> <p>(a) appropriate to the needs of individuals for whom care and support is provided, (b) consistent with the statement of purpose, and (c) kept up to date.</p> <p>(5) The service provider must ensure that the service is provided in accordance with those policies and procedures.</p>	<ul style="list-style-type: none"> ○ provide guidance for staff to ensure that services are provided in line with the statement of purpose; and ○ set expectations to inform individuals and their representatives about how the service is provided. <ul style="list-style-type: none"> • The policies and procedures must be available to staff and on request to the individuals who use the service, their representatives and where appropriate relevant placing authorities and commissioners. • Policies and procedures are in appropriate format and support is provided to assist individuals' understanding of these. • Policies and procedures are aligned to any current legislation and national guidance. • Policies, procedures and practices are reviewed and updated in light of changes to practice, changing legislation and best practice recommendations and at least annually. • Staff and individuals using the service have the opportunity to be involved in developing policies and procedures. • Where changes are made to the statement of purpose the policies and procedures are reviewed and updated to reflect the changes. • The service provider ensures that staff have access to, knowledge and understanding of the policies and procedures which support them in their role in achieving the best possible outcomes for individuals. • Systems for monitoring and improvement include ensuring the service is being run in accordance with the policies and procedures.
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Regulation 12	Guidance
<p>Duty of candour</p> <p>12. The service provider must act in an open and transparent way with—</p> <ul style="list-style-type: none"> (a) individuals who are receiving care and support, (b) any representatives of those individuals, and (c) in the case of a child who is provided with accommodation, the placing authority. 	<ul style="list-style-type: none"> • Service providers promote a culture that encourages candour, openness and honesty at all levels. • Service providers have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff are aware of and follow them. • In particular this includes: <ul style="list-style-type: none"> ○ being open, honest and engaging with individuals and their representatives when things go wrong; ○ providing individuals and their representatives with information about what has happened, the outcome of any investigations that have taken place; and ○ offering an apology for what has happened. • Service providers take action to prevent and appropriately address bullying, victimisation and/or harassment in relation to duty of candour, and investigate any instances where a board member, responsible individual or member of staff may have obstructed another in exercising their duty of candour. • Service providers have a system in place to identify and deal with possible breaches of the professional duty of candour by staff who are professionally registered, including the obstruction of another in their professional duty of candour. This may include an investigation and where appropriate a referral to their professional regulator or other relevant body.

1.2 Requirements on service providers as to the steps to be taken before agreeing to provide care and support (Part 4)

The intent of the requirements within Part 4 of the Regulations is to provide individuals with assurance that before a service provider offers care and support they have considered a wide range of information to confirm the service is able to meet the individual's needs and support them to achieve their personal outcomes. This includes the individual's wishes and preferences and consultation with relevant persons and professionals.

Regulation 13	Guidance
<p>Suitability of the service</p> <p>13.—(1) The service provider must not provide care and support for an individual unless the service provider has determined that the service is suitable to meet the individual's care and support needs and to support the individual to achieve their personal outcomes.</p> <p>(2) The service provider must have in place a policy and procedures on admissions and commencement of the service.</p> <p>(3) The determination under paragraph (1) must take into account—</p> <ul style="list-style-type: none"> (a) the individual's care and support plan, (b) if there is no care and support plan, the service provider's assessment under paragraph (3), (c) any health or other relevant assessments, (d) the individual's views, wishes and feelings, (e) any risks to the individual's well-being, (f) any reasonable adjustments which the service provider could make to enable the individual's care and 	<ul style="list-style-type: none"> • The service provider has an admissions and commencement of the service policy and procedures. This includes but is not limited to: <ul style="list-style-type: none"> ○ assessment processes (including for emergency admission) including who will undertake the assessment; ○ people who will be consulted as part of the process; ○ the information considered; ○ arrangements for confirming that the service can support the individuals to meet their personal outcomes; ○ circumstances where a service will not be provided; ○ opportunities to visit the service (accommodation-based services); and ○ the arrangements for commencing the service. • A summary of the admission procedure is included in the statement of purpose and the service provider's guide to the service. • Before agreeing to provide a service the service provider makes an informed decision as to whether or not they can meet an individual's care and support needs. In making this decision the service provider: <ul style="list-style-type: none"> ○ consults with the individual and/or their representative to determine what matters to them; ○ obtains copies of and gives consideration to any existing care and

<p>support needs to be met, and</p> <p>(g) the service provider's policy and procedures on admissions and commencement of the service.</p> <p>(4) In a case where the individual does not have a care and support plan, the service provider must —</p> <p>(a) assess the individual's care and support needs, and</p> <p>(b) identify their personal outcomes;</p> <p>(5) The assessment required by paragraph (3) must be carried out by a person who—</p> <p>(a) has the skills, knowledge and competence to carry out the assessment, and</p> <p>(b) has received training in the carrying out of assessments.</p> <p>(6) In making the determination in paragraph (1), the service provider must involve the individual and any representative. But the service provider is not required to involve a representative if—</p> <p>(a) the individual does not wish the representative to be involved, or</p> <p>(b) involving the representative would not be consistent with the individual's well-being.</p>	<p>support plan, integrated care and multidisciplinary assessments for adults;</p> <ul style="list-style-type: none"> ○ in the case of a looked after child, obtains a copy of the Part 6 care and support plan; ○ considers any risks to the individual or to others using the service and staff. <ul style="list-style-type: none"> ● Service providers ensure there is relevant information and support for individuals to understand the choices available to them, suitable to their age and level of understanding. ● Information obtained is sufficient to enable smooth transition for the individual to receive the service. ● Where the individual lacks the mental capacity to make specific decisions about their care and support and no lawful representative is appointed, their best interests should be established and acted upon in accordance with the Mental Capacity act 2005. ● In accommodation-based services consideration is given to compatibility, the potential impact on the individual and the service provided to others using the service. ● In domiciliary support services consideration is given to the ability of the service to meet demand and ensure additional contracts do not impact on individuals who are already using the service, for example preferred/required call times. ● People making these decisions on behalf of the organisation are competent in carrying out assessments and have sufficient responsibility/standing within the organisation to make a decision as to whether the service can meet the individual's care and support needs. ● Confirmation is provided in writing that the service can meet the
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	<p>individual's care and support needs including health, personal care, emotional, social, cultural, religious and spiritual needs.</p> <ul style="list-style-type: none">• Information is obtained relating to the individual's specialist needs and requirements in order to confirm these can be met in line with the statement of purpose.• In addition to consultation with the individual and/or their representative wider consultation with other relevant partners takes place. This is essential where there is shared responsibility for care.• Where an individual does not have existing assessments and care and support plans for example individuals who are self-funding their care, an assessment must be undertaken prior to agreeing to provide a service. This assessment includes health, personal care and support needs, any specialist support required, communication, emotional, educational, social, cultural, religious and spiritual needs and should establish their personal outcomes and aspirations.• Where a placement is made on an emergency basis, every effort should be made to secure relevant assessments prior to placement and to ensure that the service can meet the individual's needs.• Where short stays are provided, updated care and support plans are reviewed and personal plans amended to reflect any changes prior to each admission to assure that the service provider can still meet the individual's needs.
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1.3 Requirements on service providers as to the steps to be taken on commencement of the provision of care and support (Part 5)

The intent of Part 5 of the Regulations is to ensure that individuals can feel confident that the service provider has an up to date accurate plan (referred to as personal plan) for how their care is to be provided.

The provider develops an initial personal plan before the service begins using existing information, assessments and any care and support plans in place. The personal plan is then developed further during the first week of using the service through a full assessment undertaken by the provider (provider assessment) with the individual and their representative. The provider assessment considers their personal wishes, aspirations and care and support needs. The information from this is used to further develop the personal plan.

The personal plan:

- provides information for individuals and their representatives of the agreed care and support and the manner in which this will be provided;
- provides a clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve;
- provides the basis for ongoing review; and
- enables individuals, their representatives and staff to measure progress and whether their personal outcomes are met.

Regulation 14	Guidance
<p>Personal plan</p> <p>14.—(1) The service provider must prepare a plan for the individual which sets out—</p> <ul style="list-style-type: none"> (a) how on a day to day basis the individuals’ care and support needs will be met, (b) how the individual will be supported to achieve their personal outcomes, (c) the steps which will be taken to mitigate any identified risks to the individual’s well-being, and (d) the steps which will be taken to support positive 	<ul style="list-style-type: none"> • When a decision is made that the service can meet an individual’s care and support needs an initial personal plan will be developed before the individual begins to receive care and support. This will be informed by information collated or assessments that have already been undertaken. It will set out: <ul style="list-style-type: none"> ○ the actions required to meet the individual’s well-being, care and support needs on a day to day basis. This should include the details of their care needs, their personal preferences and routines for how this will be provided; ○ how the individual will be supported to achieve their personal outcomes; ○ how the individual’s wishes and aspirations will be supported;

<p>risk-taking and independence, where it has been determined this is appropriate.</p> <p>(2) The plan which is required to be prepared under paragraph (1) is referred to in these Regulations as a personal plan.</p> <p>(3) The personal plan must be prepared prior to commencement of the provision of care and support to the individual, unless paragraph (4) applies.</p> <p>(4) This paragraph applies in a case where the individual is in urgent need of care and support and there has been no time to prepare a personal plan prior to the commencement of the provision of care and support to the individual.</p> <p>(5) If paragraph (4) applies, the personal plan must be prepared within 24 hours of the commencement of the provision of care and support to the individual.</p> <p>(6) When preparing a personal plan, the service provider must involve the individual and any representative. But the service provider is not required to involve a representative if—</p> <p>(a) the individual does not wish the representative to be involved, or</p> <p>(b) involving the representative would not be consistent with the individual's well-being.</p> <p>(7) In preparing the personal plan, the service provider must take into account—</p> <p>(a) the individual's care and support plan,</p> <p>(b) if there is no care and support plan, the service provider's assessment under regulation [13](4),</p> <p>(c) any health or other relevant assessments,</p> <p>(d) the individual's views, wishes and feelings, and</p> <p>(e) any risks to the individual's well-being.</p>	<ul style="list-style-type: none"> ○ steps to identify risks to the individual's well-being and how this will be managed; ○ steps to support positive risk taking; ○ steps to maintain, re-able and/or achieve independence. <ul style="list-style-type: none"> • A personal plan is developed in consultation with the individual receiving care and support and/or their representative. • A copy of the personal plan must be available to the person receiving the service and in a language and format appropriate to their needs, age and level of understanding. If there is a reason for not doing so this is documented. • The personal plan is accessible and in a format to inform staff how they should provide care and support on a daily basis. • The personal plan provides staff with the information required to meet individual needs and support them to achieve their personal outcomes. • The personal plan must take into account any care and support plan prepared by a local authority for the person under section 54 of the 2014 Act and any health or other relevant assessments. • In the case of a looked after child, the personal plan must take account of the Part 6 care and support plan provided by the child's placing authority under section 83 of the 2014 Act.
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Regulation 15	Guidance
<p>Review of personal plan</p> <p>15.— (1) The personal plan must be reviewed as and when required but at least every three months.</p> <p>(2) In the case of a looked after child, any review of the personal plan must be aligned with the reviews required to be carried out by the local authority under the Care Planning, Placement and Case Review (Wales) Regulations 2015.</p> <p>(3) Reviews of a personal plan must include a review of the extent to which the individual has been able to achieve their personal outcomes.</p> <p>(4) When carrying out a review under this regulation, the service provider must involve the individual and, where it appears to the provider to be appropriate, any representative.</p> <p>(5) Following the completion of any review required by this regulation, the service provider must consider whether the personal plan should be revised and revise the plan as necessary.</p>	<ul style="list-style-type: none"> • The personal plan is kept under review and is amended and developed to reflect changes in the individual’s care and support needs and personal outcomes. • The plan is reviewed every three months or sooner, if there is a change in the individual’s needs, and in line with any reviews undertaken by the commissioning body. • In the case of a looked after child, the provider should ensure that these three monthly reviews align with the child’s ‘looked after children’ (LAC) review undertaken by the child’s placing authority. A review of the personal plan must be undertaken after every LAC review. • Reviews are undertaken with participation of the individual and where appropriate, their representative. • Reviews take into account the information recorded on a daily basis relating to the individual achieving their personal outcomes. Where this differs significantly from any commissioning body’s assessment and care and support plan, the relevant commissioner is notified.

Regulation 16	Guidance
<p>Records of personal plans</p> <p>16. The service provider must—</p> <p>(a) keep a record of—</p> <p style="padding-left: 20px;">(i) the personal plan and any revised plan, and</p> <p style="padding-left: 20px;">(ii) the outcome of any review, and</p> <p>(b) give a copy of the personal plan and any revised plan to—</p> <p style="padding-left: 20px;">(i) the individual,</p> <p style="padding-left: 20px;">(ii) any representative, unless this is not appropriate or would be inconsistent with the individual’s well-being, and</p> <p style="padding-left: 20px;">(iii) where a child is provided with accommodation as part of a care home service, the placing authority.</p>	<ul style="list-style-type: none"> • A copy of the personal plan is available and this is in a format and language appropriate to the person’s needs.

Regulation 17	Guidance
<p>Provider assessment</p> <p>17.—(1) Within 7 days of the commencement of the provision of care and support for an individual, the service provider must—</p> <ul style="list-style-type: none"> (a) assess how the individual’s care and support needs can best be met, (b) assess how the individual can best be supported to achieve their personal outcomes, (c) ascertain the individual’s views, wishes and feelings, and (d) assess any risks to the individual’s well-being. <p>(2) The assessment under paragraph (1) is referred to in these Regulations as a provider assessment.</p> <p>(3) A provider assessment must be carried out by a person who—</p> <ul style="list-style-type: none"> (a) has the skills, knowledge and competence to carry out the assessment, and (b) has received training in the carrying out of assessments. <p>(4) A provider assessment must take into account—</p> <ul style="list-style-type: none"> (a) the individual’s care and support plan, if available, (b) the service provider’s assessment under regulation [13](4), if applicable, (c) any health or other relevant assessments, (d) the individuals views, wishes and feelings, (e) any risks to the individual’s well-being, and (f) the service provider’s policy and procedures on 	<ul style="list-style-type: none"> • A provider assessment builds on the information which has informed the decision to provide a service for the individual. • The provider assessment identifies: <ul style="list-style-type: none"> ○ the individual’s personal outcomes; ○ the care and support needed to support individuals to achieve their personal outcomes; ○ their personal preferences in how these can be achieved; ○ any risks or challenges and how these will be mitigated; and includes ○ areas which require more in depth or specialist assessment. • The provider assessment is completed within 7 days of commencement of the service. • The assessment is completed in consultation with the person using the service and/or their representative. • Persons undertaking the provider assessment for this type of service and individual on behalf of the organisation: <ul style="list-style-type: none"> ○ are competent and experienced in undertaking assessments; and ○ have experience and training in the provision of care for the individuals they are assessing. • Where individuals have complex and specialist needs the person undertaking the assessment has training relevant to those needs or seeks the advice and guidance of a relevant specialist. • Where individuals have nursing needs the assessment is undertaken by a registered nurse with the relevant skills.

<p>admissions and commencement of the service.</p> <p>(5) When carrying out or revising a provider assessment, the service provider must involve the individual and any representative. But the service provider is not required to involve a representative if—</p> <ul style="list-style-type: none">(a) the individual does not wish the representative to be involved, or(b) involving the representative would not be consistent with the individual’s well-being. <p>(6) A provider assessment must be kept under review and revised as necessary.</p> <p>(7) Following the completion of the provider assessment and any revised assessment, the personal plan must be reviewed and revised as necessary.</p> <p>(8) The service provider must keep a record of a provider assessment and give a copy of the assessment to the individual, any representative and, where the child is provided with accommodation by a care home service, the placing authority.</p>	<ul style="list-style-type: none">• Where individuals are supported by a range of service providers there should be collaboration to ensure that all partners are clear about their responsibilities in relation to that individual for the assessment and review of their needs.• Tools for assessment reflect up to date good practice guidance and legislation.• Assessments are reviewed and revised whenever there is a significant change in an individual’s needs or where the personal plan is not meeting the individual’s personal outcomes.
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1.4 Requirements on service providers as to the information to be provided to individuals on commencement of the provision of care and support (Part 6)

The intent of Part 6 of the Regulations is to ensure that individuals are provided with information about the service to enable them to have:

- a clear understanding of the culture and ethos of the service;
- an outline of the services they can expect to receive; and
- the manner in which services will be provided; and the terms and conditions of the service.

This should enable individuals and their representatives to have a good understanding of how the service operates in providing care and support. The guide provides individuals with the information they need to raise concerns and make complaints to the service provider when they are dissatisfied with the service and informs them how to escalate this if they are not satisfied with the response.

Regulation 18	Guidance
<p>Information about the service</p> <p>18.—(1) The service provider must prepare a written guide to the service.</p> <p>(2) The guide must be—</p> <p>(a) dated, reviewed at least annually and updated as necessary,</p> <p>(b) in an appropriate language, style, presentation and format, having regard to the statement of purpose for the service,</p> <p>(c) given to all individuals who are receiving care and support, and</p> <p>(d) made available to others on request, unless this is not appropriate or would be inconsistent with the well-being of an individual.</p>	<ul style="list-style-type: none"> • A written guide is available to individuals which provides information about the service. • The guide is in plain language and in a format that reflects the needs, age and level of understanding for whom the service is intended. The guide is made available in formats and media accessible and appropriate to the audience. For example, preferred and appropriate language, large print, audio, computerised and visual aids. When required it is explained in the individual’s preferred method of communication. • Where required individuals are supported to understand the contents of guide and what it means for them. • The guide sets out the areas required by regulation 14 (3) and in addition includes the following: General

- (3) The guide must contain the following information—
- (a) information about how to raise a concern or make a complaint;
 - (b) information about the availability of advocacy services.
- (4) The service provider must ensure that all individuals receive such support as is necessary to enable them to understand the information contained in the guide.

- arrangements for welcoming and supporting individuals;
 - the ethos, culture and priorities of the regulated service including summary of statement of purpose;
 - how to access the most recent inspection report completed by the service regulator;
 - key staff who will be supporting the individual;
 - how to contact the responsible individual;
 - the opportunities and mechanisms for the involvement of families, carers and the community;
 - the complaints procedure and how to make a complaint;
 - contact details of the Public Service Ombudsman Wales, service regulator, Children’s Commissioner/ Older Person’s Commissioner (as appropriate);
 - access to, and support to access, relevant advocacy services, other agencies or services, such as primary Healthcare Services (GP; Dentist; Pharmacist, Chiropodist, Hospital visits; transport; advocacy services);
 - arrangements for contributing views and participation in the running of the service;
 - fees – range, any additional fees or costs, method of payment, notice of increase; and
 - terms and conditions including circumstances in which the service may cease to be provided and notice periods; and
 - how individuals can access their own records.
- Additional requirements for accommodation-based services:
 - policy on accommodating personal preferences, e.g. pets, furniture etc;
 - availability of, and support to access, telephone, Wi fi, internet etc;
 - activities, including support to access community services and activities;
 - facilities available as part of the service.

Regulation 19	Guidance
<p>Service agreement</p> <p>19.—(1) The service provider must ensure that every individual is given a signed copy of any agreement relating to—</p> <ul style="list-style-type: none"> (a) the care and support provided to the individual; (b) any other services provided to the individual. <p>(2) The service provider must ensure that individuals receive such support as is necessary to enable them to understand the information contained in any such agreement.</p>	<ul style="list-style-type: none"> • Individuals using the service are provided with, where appropriate: <ul style="list-style-type: none"> ○ information about the costs, terms, and conditions of the service including termination of contracts and notice period, so that they can make decisions about their care and support; and ○ the information which details the individual service to be provided. • The service provider gives individuals or their representatives a written estimate of the weekly costs of the care and support. This includes details of any likely additional costs. • In the case of looked after children, this information will be provided to the placing authority. • Where individuals are paying for their own care in full or partially they or their representatives are provided with a written contract. This includes: <ul style="list-style-type: none"> ○ terms and conditions; ○ fees, including top ups or any late payment fees; ○ arrangements and timescales for notifying individuals of contractual changes; ○ arrangements for how payments are to be made; and ○ the rooms to be used in accommodation-based services.

1.5 Requirements on service providers as to the standard of care and support to be provided (Part 7)

The intent of Part 7 of the Regulations is to ensure that individuals are provided with care and support which enables them to achieve the best possible outcomes. The service is designed in consultation with the individual and considers their personal wishes, aspirations and outcomes and any risks and specialist needs which inform their care and support.

This includes:

- providing care and support that meets individual’s personal outcomes;
- provision of staff with the knowledge, skills and competency to meet individual’s well-being needs;
- ensuring staff have the appropriate language and communication skills;
- planning and deploying staff to provide continuity of care; and
- consultation with and seeking support from relevant agencies and specialists where required.

Regulation 20	Guidance
<p>Standards of care and support - overarching requirements</p> <p>20.—(1) The service provider must ensure that care and support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.</p> <p>(2) The service provider must ensure that care and support is provided to each individual in accordance with the individual’s personal plan.</p> <p>(3) The service provider must ensure that care and support is provided in way which—</p> <p style="padding-left: 20px;">(a) maintains good personal and professional relationships with individuals and staff; and</p> <p style="padding-left: 20px;">(b) encourages and assist staff to maintain good personal and professional relationships with individuals.</p>	<ul style="list-style-type: none"> • Achievement of personal outcomes is supported by policies and procedures which include management of specific needs that are in line with any current legislation, national guidance and reflect evidence-based practice. • Service providers ensure the service is responsive and proactive in identifying and mitigating risk; seeking medical advice and professional help or referring to commissioners when risks are identified. • The service provider ensures care and support is provided in keeping with any assessment and personal plan, meets the individual's needs and supports them to achieve their personal outcomes in relation to their: <ul style="list-style-type: none"> ○ physical, mental and emotional well being; ○ cultural, religious, social or spiritual preferences; ○ education, training and recreation needs; ○ family and personal relationships; ○ control over everyday life and where relevant participation in work;

(4) If, as a result of a change in the individual's assessed needs, the service provider is no longer able to meet those needs, even after making any reasonable adjustments, the provider must immediately notify the individual, any representative, the service commissioner and the placing authority.

- and
 - intellectual, emotional and behavioural development.

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

Examples of this include:

Individuals are supported with their personal development

- Individuals are supported to fulfil their potential and do things that matter to them and make them happy. This can include being supported to participate in or complete education or lifelong learning, developing and maintaining hobbies, joining community activities and volunteering.
- Individuals are supported and enabled to be as independent as possible.
- Individuals are supported and prepared for moving on.
- Individuals are supported when leaving the service, both when this planned or in an emergency.

Individuals' emotional and mental well-being is supported

- Service providers ensure support for individuals to:
 - feel they are respected as individuals and that their identity is recognised and valued;
 - feel they have choice and control and are listened to;
 - feel secure and safe;
 - feel they belong and matter to others;
 - enjoy safe and healthy relationships with family and friends and to develop new relationships; and

- experience continuity.

- Service providers recognise and respond positively to individual's emotional needs especially when they are experiencing difficulty, for example when individuals are lonely, distressed, experiencing transition or loss, or experiencing anxiety, depression or other forms of mental illness.
- Service providers ensure the service is responsive and proactive in seeking medical advice and professional help when individuals have acute emotional or mental health needs or at risk of harm.

Individuals are supported to maintain a healthy diet and fluid intake

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

Individuals' skin integrity is managed appropriately.

- Skin integrity assessments, using the Waterlow/Maelor/PSPS pressure ulcer risk assessment tool should be completed and reviewed regularly. Individuals assessed as being at risk should be put on the SKIN bundle (Public Health Wales).
- Staff completing the skin integrity assessment have the required skills and knowledge in both skin assessment, management and treatment of pressure ulcers/wounds.
- Pressure relieving equipment is appropriate, in good working order and relevant to risk assessment rating.
- Additional specialist advice is sought to support care where necessary.

Individuals are supported with maintaining and managing continence.

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

Individuals' sensory impairment is identified and managed appropriately.

- Service providers ensure that individuals have relevant checks to identify

sensory loss and support individuals to access ongoing review.

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

Individuals with cognitive impairment are supported.

- The service provider recognises the specialist needs of individuals with cognitive impairment and provides individual therapy activities and specific programmes designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life for individuals.
- This is based on recognised evidence-based guidance and frameworks relevant to the individual's impairment and in line with the service provider's statement of purpose.
- Individuals are given ongoing support and encouragement to motivate or enable them to take part in daily life.
- Where individuals have ongoing difficulties and/or cognitive deterioration the service provider seeks expert assessment and advice.
- The outcome of the assessment prompts review of the personal plan and the support provided to the individual.

Individuals are supported appropriately during their last days of life.

- Service providers establish individual's wishes and preferences regarding end of life care and support as part of the provider assessment.
- Their personal plan reflects advance statements and advance decision making including details of any legal lasting power of attorney for health and welfare.
- The care and support provided reflects any current national guidance.
- Individuals are able to spend their last days of life at the service if that is their wish, or at home, unless there is a medical reason why this should not occur.
- They are supported in their own room and are able to have significant others with them as they wish.
- The service provider works collaboratively with other agencies to provide end of life care and any palliative intervention.

Individuals are supported to have effective oral hygiene and dental health.

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

Regulation 21	Guidance
<p>Continuity of care</p> <p>21. The service provider must put arrangements in place to ensure that individuals receive such continuity of care as is reasonable to meet their needs for care and support.</p>	<ul style="list-style-type: none"> • The service provider has the staff and resources available to provide a service in line with the statement of purpose and to meet individual care and support needs. • Individuals know staff at the service. They are told about staff changes which affect them and new workers are routinely introduced to them. • Staffing arrangements provide consistency of care and support. Where replacement staff are used they are familiar with, and have a good understanding of, the individuals to whom they are providing care and support.

Regulation 22	Guidance
<p>Information</p> <p>22.—(1) The service provider must ensure that individuals have the information they need to make or participate in assessments, plans and day to day decisions about the way care and support is provided to them and how they are supported to achieve their personal outcomes.</p> <p>(2) Information provided must be available in the appropriate language, style, presentation and format, having regard to—</p> <ul style="list-style-type: none"> (a) the nature of the service as described in the statement of purpose; (b) the level of the individual’s understanding and 	<ul style="list-style-type: none"> • The service provider ensures that individuals are able to make decisions about their lives and are supported where necessary to do this. • Individuals are offered the opportunity and enabled to contribute their views about the day to day running of the service. • The service provider puts in place arrangements to enable individuals to access relevant advocacy services or self advocacy groups (if they wish) and support for their communication needs to make decisions about their lives.

<p>ability to communicate;</p> <p>(c) in the case of a child, the child's age.</p> <p>(3) The service provider must ensure that the individual receives such support as is necessary to enable them to understand the information provided.</p>	
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Regulation 23	Guidance
<p>Language and communication</p> <p>23.—(1) The service provider must take reasonable steps to meet the language needs of individuals.</p> <p>(2) The service provider must ensure that individuals are provided with access to such aids and equipment as may be necessary to facilitate the individual's communication with others.</p>	<ul style="list-style-type: none"> • The service provider has arrangements in place to assist individuals with their specific communication needs in line with the statement of purpose. Where necessary this will include putting in place measures to ensure that individuals can communicate meaningfully. This includes: <ul style="list-style-type: none"> ○ the individual's language of need and choice; ○ the service recognises, makes or works towards actively offering a service in the Welsh language to individuals whose first language is Welsh; ○ additional means of communication PECS, TEACCH, Makaton, BSL where appropriate. • The service provider identifies individual's communication needs as part of their determination as to whether the service can meet their needs. • Individuals can understand staff when they communicate with them. • The service provider ensures that aids and equipment required to support individual's communication needs are in place, accessible, maintained and that staff know how to use them.

Regulation 24	Guidance
<p>Respect and sensitivity</p> <p>24.—(1) The service provider must ensure that individuals are treated with respect and sensitivity.</p> <p>(2) This includes, but is not limited to,—</p> <ul style="list-style-type: none"> (a) respecting the individual’s privacy and dignity; (b) respecting the individual’s rights to confidentiality; (c) promoting the individual’s autonomy and independence; (d) having regard to any relevant protected characteristics (as defined in section 4 of the Equality Act 2010) of the individual. 	<ul style="list-style-type: none"> • Service providers ensure that individuals are: <ul style="list-style-type: none"> ○ listened to and communicated with in a courteous and respectful manner with their care and support being the main focus of staff’s attention; and ○ treated with respect and feel valued. • Individuals requiring intimate personal care have this provided in a dignified way with their personal preferences respected. This should be agreed with the individual and recorded in their personal plan. • Individuals are encouraged to take part in every day tasks and contribute their views to help with the running of the service if they chose. • Technology and specialist equipment are provided /accessed to enable individuals to call assistance and to enable people to manage their own needs.

Regulation 25	Guidance
<p>Behaviour support</p> <p>25.—(1) The service provider must have a policy on the promotion of appropriate behaviour and the ways in which individuals are supported to behave appropriately (referred to in</p>	<ul style="list-style-type: none"> • The service provider’s approach to positive behaviour support is clearly set out in the statement of purpose. • The policy and procedures include the individual roles and responsibilities of staff or others working at the service in relation to positive behaviour support.

<p>this regulation as a behaviour support policy).</p> <p>(2) The behaviour support policy must provide that any form of corporal punishment is prohibited.</p> <p>(3) The service provided must ensure that the service is provided in accordance with the behaviour support policy.</p> <p>(4) The service provider must ensure that any measures taken to support the individual to behave appropriately are consistent with—</p> <ul style="list-style-type: none"> (a) meeting the individual’s needs for care and support; (b) the well-being of other individuals for whom care and support is provided; (c) the service provider’s behaviour support policy. 	<ul style="list-style-type: none"> • This is aligned with any current national guidance and evidence-based practice. • The policy and procedures include but are not limited to: <ul style="list-style-type: none"> ○ acceptable and unacceptable behaviour; ○ any measures to be taken in response; ○ instructions for staff on actions to be taken and mechanisms for referral to relevant partners and agencies; ○ strategies to support positive behaviour; and ○ how this will be designed and shared with the individual. • The policy is available to the individuals using the service, their representatives and staff. • The format is appropriate to the individual’s age and understanding. • Staff have training at induction about the policy and procedures and the service provider confirms their understanding of this. • Staff are aware of and understand their individual responsibilities in relation to the policy and procedures and the individual’s needs and support they require.
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1.6 Requirements on service providers – safeguarding (Part 8)

The intent of Part 8 of the Regulations is to ensure that service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide care and support. This includes arrangements that:

- support vulnerable individuals using the service;
- support and underpin staff knowledge, understanding and skill in identifying risks and action to take where abuse or improper treatment is suspected; and
- collaboratively work with partners to prevent and take action where abuse or improper treatment is suspected.

Regulation 26	Guidance
<p>Safeguarding - overarching requirement</p> <p>26. The service provider must provide the service in a way which ensures that individuals are safe and are protected from abuse and improper treatment.</p>	<ul style="list-style-type: none"> • When they begin using the service, individuals and their representatives are given information about safeguarding, how to raise a concern and support is available to enable them to do so. • Staff are able to access up to date safeguarding policy and procedures. • Staff have training relevant to their role at induction to understand safeguarding and their role in protecting vulnerable individuals. This includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing). • Staff training is ongoing at regular intervals in line with local safeguarding recommendations. • Staff are aware of their individual responsibilities, for raising concerns to ensure the safety and well-being of individuals. • The service provider makes provision to support staff raising safeguarding concerns (whistleblowing). • The service provider works in partnership with other relevant professionals

	<p>and agencies to assess and manage risk to individuals using the service and participate in the safeguarding process.</p> <ul style="list-style-type: none"> Records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within the service. Protection of vulnerable adults/children must be overseen by the manager and responsible individual and within the governance structure with arrangements for oversight at board level.
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Regulation 27	Guidance
<p>Safeguarding policies and procedures</p> <p>27.—(1) The service provider must have policies and procedures in place—</p> <ul style="list-style-type: none"> (a) for the prevention of abuse and improper treatment, and (b) for responding to any allegation or evidence of abuse or improper treatment. <p>(2) In this regulation, such policies and procedures are referred to as safeguarding policies and procedures.</p> <p>(3) The service provider must ensure that their safeguarding policies and procedures are operated effectively.</p> <p>(4) In particular, where there is an allegation or evidence of abuse, the service provider must—</p> <ul style="list-style-type: none"> (a) act in accordance with their safeguarding policies and procedures, (b) take immediate action to ensure the safety of all 	<ul style="list-style-type: none"> There is a safeguarding policy and procedures in place. Policies and procedures are aligned to legislation national guidance and local adult and children’s safeguarding procedures. The safeguarding policy and procedures include the individual roles and responsibilities of staff or others working at the service in receiving and reporting allegations of abuse or suspected abuse. This will include instruction for staff on actions to be taken and mechanisms for referral to the local authority and other relevant partners and agencies.

<p>individuals for whom care and support is provided,</p> <ul style="list-style-type: none">(c) make appropriate referrals to other agencies, and(d) keep a record of any evidence or the substance of any allegation, any action taken and any referrals made. <p>(5) Where the service includes the provision of accommodation for children, the service provider must have the following policies and procedures in place—</p> <ul style="list-style-type: none">(a) a policy on the prevention of bullying ;(b) procedures for dealing with an allegation of bullying;(c) the procedure to be followed when any child for whom accommodation is provided is absent without permission.	
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Regulation 28	Guidance
<p>Supporting individuals to manage their money</p> <p>28.—(1) The service provider must have a policy and procedures in place about supporting individuals to manage their money and must ensure that the service is provided in accordance with such policy and procedures.</p> <p>(2) The policy and procedures which are required by this regulation to be in place must set out the steps which are to be taken to enable and support people to manage their own money and to protect individuals from financial abuse.</p> <p>(3) Where an individual’s money is held by the service provider for any purpose (apart from moneys held for the purpose of paying charges payable by the individual in accordance with any agreement with the service provider), the policy and procedures required by this regulation must provide—</p> <p>(a) that the money is held in an account in the individual’s name or in an account which enables clear demarcation of each individual’s money;</p> <p>(b) any such account is not used in connection with the management of the service.</p> <p>(4) The service provider must ensure so far as practicable that persons working at the service do not act as the agent of an individual.</p>	<ul style="list-style-type: none"> • Policy and procedures set out arrangements for supporting individuals to manage their money. This includes: <ul style="list-style-type: none"> ○ how individuals are encouraged and supported to handle their own financial affairs as they wish/where possible; ○ how individuals will be supported, including opening and managing individual bank accounts, budgeting and making spending decisions; ○ how individuals are supported to understand and manage any associated risks; and ○ how the service provider ensures that staff or others working in or connected with the service are precluded from involvement with individuals’ financial affairs. • Where individuals are not able to manage their own finances, records and receipts are maintained of any financial transactions undertaken on their behalf. • Arrangements are in place for oversight and review of management of finances by the service provider. • Where the service handles individuals’ money, the service provider ensures that the personal finances of the individuals are not pooled with the finances of the service. • Money is held separately in the name of each individual and is spent as they wish. Appropriate records and receipts are kept. • There are arrangements in place for the safe storage of money and valuables. Records are maintained for any possessions handed over for safekeeping.

	<ul style="list-style-type: none"> • Arrangements are in place for individuals to access independent support/ and advice (advocacy) concerning their financial affairs (including Wills, bequests or legacies). • Staff or others working at the service or involved with the service do not act as appointees for individuals receiving care and support. • The service provider ensures that money donated to or collected specifically for the benefit of the individuals using the service is not used for routine expenditure.
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Regulation 29	Guidance
<p>Control and restraint</p> <p>29.—(1) Care and support must not be provided in a way which includes acts intended to control or restrain an individual unless those acts—</p> <p>(a) are necessary to prevent a risk of harm posed to the individual or another individual, and</p> <p>(b) are a proportionate response to such a risk.</p> <p>(2) Control or restraint must not be used unless it is carried out by staff who are trained in the method of control or restraint used.</p> <p>(3) The service provider must have a policy on the use of control or restraint and ensure that any control or restraint used is carried out in accordance with this policy.</p> <p>(4) A record of any incident in which control or restraint is used must be made within 24 hours.</p>	<ul style="list-style-type: none"> • There is a policy for control, restraint or restrictive practice in place which reflects current national guidance from the Health and Safety Executive. • Staff are aware of and understand the policy. • As part of their induction, staff receive training that is relevant to their role and at a suitable level to make sure any control, restraint or restrictive practices are only used when absolutely necessary and as a last resort, in line with current national guidance. • The service provider makes arrangements to keep staff up to date at appropriate intervals and in line with any changes to guidance and legislation. • If using restraint, service providers make sure that restraint: <ul style="list-style-type: none"> ○ is only used when absolutely necessary; ○ is proportionate in relation to the risk of harm and the seriousness of that harm to the person using the service or another person;

<p>(5) For the purposes of this regulation, a person controls or restrains an individual if that person—</p> <ul style="list-style-type: none"> (i) uses, or threatens to use, force to secure the doing of an act which the individual resists, or (ii) restricts the individual’s liberty of movement, whether or not the individual resists, including by the use of physical, mechanical or chemical means. 	<ul style="list-style-type: none"> ○ takes account of the assessment of the person's needs and their capacity to consent to such treatment; and ○ follows current legislation and guidance. <ul style="list-style-type: none"> • Where an individual lacks mental capacity to consent to the arrangements for their care and support, including depriving them of their liberty, service providers must follow a best interest process in accordance with the Mental Capacity Act 2005, including the use of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards, where appropriate. • Service providers and staff should regularly monitor and review the approach to, and use of, restraint and restrictive practice and report on this within their governance framework. This includes: <ul style="list-style-type: none"> ○ the details of the incident and actions taken in response; and ○ sufficient detail to enable analysis and review of the individual’s care needs as well as to inform wider review of service provision. • The records must be reviewed and reported upon within the quality of care review. • Secure accommodation providers act in accordance with the terms of the Secure Accommodation Order made by the court.
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Regulation 30	Guidance
<p>Deprivation of liberty</p> <p>An individual must not be deprived of their liberty for the purpose of receiving care and support without lawful authority</p>	<ul style="list-style-type: none"> • The service provider acts at all times in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice. • Service providers follow the Deprivation of Liberty Safeguards.

Regulation 31

Interpretation of Part 8

31. In this Part —

“abuse” means—

- (a) any behaviour towards an individual that is an offence under the Sexual Offences Act 2003(),
- (b) ill-treatment (whether of a physical or psychological nature) of an individual,
- (c) theft, misuse or misappropriation of money or property belonging to an individual,
- (d) neglect of an individual, or
- (e) in relation to a child, any harm.

In this definition, “harm” has the same meaning as in section 197(1) of the 2014 Act.

“improper treatment” includes discrimination or unlawful restraint, including inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005(2).

1.7 Requirements which only apply where accommodation is provided (Part 9)

The intent of Part 9 of the Regulations is to ensure that individuals are supported to access healthcare and educational services to maintain their ongoing health, development and well-being.

Regulation 32	Guidance
<p>Access to health and other services</p> <p>32.—(1) The service provider must put arrangements in place for individuals—</p> <ul style="list-style-type: none"> (a) to be registered with a general practitioner, (b) to be placed under the care of a registered dental practitioner, (c) to be able to access treatment, advice and other services from any health care professional as necessary, and (d) to be supported to access such services. <p>(2) Where accommodation is provided for children, the service provider must designate a member of staff to be the “link worker” for each child and must ensure that—</p> <ul style="list-style-type: none"> (a) a child's link worker participates in any review involving consideration of the child's educational progress, whether conducted under regulations made under section 102 of the 2014 Act, the Care Planning, Placement and Case Review (Wales) Regulations 2015 or otherwise; (b) a child's link worker participates in any review involving consideration of any aspect of a child's health, 	<ul style="list-style-type: none"> • Where accommodation is provided and individuals are relocating to a new address service providers assist them to register with a general practitioner. • Where required, assistance is provided to access additional services from health and allied health professionals; this must be undertaken in a timely manner. This could include seeking assistance on behalf of individuals or supporting them to access the services. • Individuals are assisted and supported to attend and participate in health checks and activities related to health promotion. • Staff are aware of their role in health promotion. • Where accommodation is provided individuals are assisted and supported to access appointments with health and allied professionals. This includes specifically but not exhaustively; dentistry, ophthalmology, speech and language services, physiotherapy, psychology, podiatry, and mental health or therapeutic services. • Records relating to professional consultations are kept (including any resulting actions) and relevant correspondence maintained to provide a clear health record for the individual. • Where accommodation is not provided arrangements must be in place for

<p>whether conducted under regulations made under section 102 of the 2014 Act, the Care Planning, Placement and Case Review (Wales) Regulations 2015, or otherwise.</p> <p>(3) In this regulation “link worker” means a staff member of a care home service for children who is of appropriate seniority with particular responsibility for protecting and promoting the health and educational welfare of an individual child and for liaison with education and health care providers on that child's behalf.</p>	<p>referral to specialist services for support and advice.</p> <ul style="list-style-type: none">• Where there are multiple professionals involved in an individual’s care and support the service provider establishes roles and responsibilities for referral and advice. This is recorded and is clear for the individual and staff involved in their care and support.• Individuals are enabled to access additional facilities to promote health for example- leisure centres and fitness classes.
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1.8 Requirements on service providers as to staffing (Part 10)

The intent of Part 10 of the Regulations is to ensure that individuals are supported by appropriate numbers of staff who have the knowledge, competency, skills and qualifications to provide the levels of care and support required to achieve individual's personal outcomes.

The service provider has in place:

- underpinning policies and procedures for recruitment;
- rigorous practices for recruiting and vetting staff;
- a structure of management and staffing that supports the statement of purpose and is relevant to individuals needs; and
- management structure, systems and processes for induction, ongoing supervision, training and development of staff.

Regulation 33	Guidance
<p>Staffing - overarching requirements</p> <p>33.—(1) The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to —</p> <ul style="list-style-type: none"> (a) the statement of purpose for the service; (b) the care and support needs of the individuals; (c) supporting individuals to achieve their personal outcomes; (d) the requirements of the regulations in Parts 3 to 14. <p>(2) The service provider must be able to demonstrate the way in which the determination has been made as to—</p> <ul style="list-style-type: none"> (a) the types of staff deployed, and 	<ul style="list-style-type: none"> • The service provider has a measurable, systematic approach to determine the number of staff and range of skills/qualifications required for the reliable provision of care and support for individuals. • In accommodation-based services where individuals are identified as having nursing needs, sufficient numbers of registered nurses with a relevant qualification, experience, competency and skills are available to oversee and meet the needs of those individuals. • This considers: <ul style="list-style-type: none"> ○ the statement of purpose; ○ the specific needs and dependency levels of individuals; ○ the environment, facilities and equipment provided (this list is not exhaustive); and ○ in domiciliary support services this includes consideration of geographical locations of individuals using the service and staff travel time required.

<p>(b) the numbers of staff of each type deployed.</p> <p>(3) The service provider must ensure that arrangements are made for the support and development of staff.</p> <p>(4) The service provider must ensure that the employment or engagement of any persons on a temporary basis or on non-guaranteed hours contracts does not prevent individuals receiving such continuity of care as the provider has determined in accordance with regulation [21] and is reasonable to meet their needs for care and support.</p>	<ul style="list-style-type: none">• Consideration is given to the different levels of knowledge, skills and competence required to meet individual's specific needs on a collective and individual basis. This includes the management arrangements and the number of registered professional and social care workers needed.• Staffing levels and skill mix are reviewed continuously and adapted to respond to the changing needs and circumstances of individuals using the service.• Arrangements are in place to cover staff sickness or absence to ensure consistency and enable individuals' personal outcomes to be met.• There are procedures to follow in the case of in an emergency that make sure sufficient and suitable people are deployed to cover both the emergency and the routine work of the service.• The service provider is able to demonstrate the process undertaken to inform their decisions about the numbers and skills of staff employed and deployed to meet individual's needs and support them to achieve their personal outcomes. This process reflects current guidance where it is available.
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Regulation 34	Guidance
<p>Fitness of staff</p> <p>34. (1) The service provider must not—</p> <ul style="list-style-type: none"> (a) employ a person under a contract of employment to work at the service unless that person is fit to do so; (b) allow a volunteer to work at the service unless that person is fit to do so; (c) allow any other person to work at the service in a position in which he or she may in the course of his or her duties have regular contact with individuals who are receiving care and support or with other persons who are vulnerable unless that person is fit to do so. <p>(2) For the purposes of paragraph (1), a person is not fit to work at the service unless—</p> <ul style="list-style-type: none"> (a) the person is of suitable integrity and good character; (b) the person has the qualifications, skills, competence and experience necessary for the work he or she is to perform; (c) the person is able by reason of their health, after reasonable adjustments are made, to properly perform the tasks which are intrinsic to the work for which he or she is employed or engaged; (d) the person has provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and 	<ul style="list-style-type: none"> • The service provider has rigorous selection and vetting systems in place to enable them to make a decision on the appointment or refusal of all staff and volunteers. • This includes the information set out in schedule 1 of these regulations. • Where agency staff are deployed the service provider ensures that they are subject to the same checks as permanently employed staff and has evidence to demonstrate the checks have been undertaken. This may include confirmation and checklists supplied by any agency. • Positive consideration is given to involving individuals using the service in the recruitment of new staff. • The service provider has a process in place to check that staff have appropriate and current registration with a professional regulator where required or, where applicable, an accredited voluntary register. • Having considered all the information available the service provider should determine whether the individual has the necessary skills, qualifications and character to undertake the role for which they are employed/deployed. • Where staff no longer meet the required fitness criteria the service provider should take appropriate and timely action to ensure that individuals are not placed at risk. For example this may include: <ul style="list-style-type: none"> ○ coaching and mentoring ○ providing additional training and supervision

this information or documentation is available at the service for inspection by the service regulator;

- (e) where the person is employed by the service provider to manage the service, the person is registered as a social care manager with Social Care Wales;
- (f) where the person is employed by the service provider to work in a capacity other than as a manager and in the course of their employment the person provides care and support to any person in Wales in connection with—
 - (i) a care home service within the meaning of Part 1 of the Act which is provided wholly or mainly to children; or
 - (ii) a secure accommodation service within the meaning of paragraph 2 of Schedule 1 to the Act, the person is registered as a social care worker with Social Care Wales.
- (3) The certificate referred to in paragraphs [2 and 3] of Schedule 1 (referred to in this regulation as a DBS certificate) must be applied for by, or on behalf of the service provider, for the purpose of assessing the suitability of a person for the post referred to in paragraph (1). But this requirement does not apply if the person working at the service is registered with the Disclosure and Barring Service update service (referred to in this regulation as the DBS update service).
- (4) Where a person being considered for a post referred to in paragraph (1) is registered with the DBS update service, the service provider must check the person's DBS certificate status for the purpose of assessing the suitability of that person for that post.
- (5) Where a person appointed to a post referred to in paragraph (1) is registered with the DBS update service,

- use of disciplinary procedures

- The service provider ensures that staff comply with the requirements of their professional codes of practice and where appropriate make referrals to the relevant professional bodies for staff whose fitness to practice is brought into question.
- Where there are concerns that a member of staff has abused an individual or placed an individual at risk of abuse, the Disclosure and Barring Service and any relevant professional registration body are notified by the service provider without delay.

<p>the service provider must check the person's DBS certificate status at least annually.</p> <p>(6) Where a person appointed to a post referred to in paragraph (1) is not registered with the DBS update service, the service provider must apply for a new DBS certificate in respect of that person within one year of the issue of the certificate applied for in accordance with paragraph (3) and thereafter further such applications must be made at least annually.</p> <p>(7) If any person working at the service is no longer fit to work at the service as a result of one or more of the requirements in paragraph (2) not being met, the service provider must—</p> <p>(a) take necessary and proportionate action to ensure that the relevant requirements are complied with;</p> <p>(b) where appropriate, inform—</p> <p>(i) the relevant regulatory or professional body;</p> <p>(j) the Disclosure and Barring Service.</p> <p>(8) In this regulation, “Disclosure and Barring Service” and “DBS” mean the body established by section 1 of the Safeguarding Vulnerable Groups Act 2006 (c.47).</p>	
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Regulation 35	Guidance
<p>Supporting and developing staff</p> <p>35. (1) The service provider must have a policy in place for the support and development of staff.</p>	<ul style="list-style-type: none"> • Service providers ensure that they have an induction programme that equips all new staff to be confident in their roles and practice and enables them to make a positive contribution to the well being of individuals using the service.

(2) The service provider must ensure that any person working at the service (including a person allowed to work as a volunteer)—

- (a) receives an induction appropriate to their role;
- (b) is made aware of his or her own responsibilities and those of other staff.
- (c) receives appropriate supervision and appraisal;
- (d) receives core training appropriate to the work to be performed by them;
- (e) receives specialist training as appropriate;
- (f) receives support and assistance to obtain such further training as is appropriate to the work they perform.

(3) The service provider must ensure that any person employed to work at the service is supported to maintain their registration with the appropriate regulatory or occupational body.

- Social care workers complete the relevant induction programme required by Social Care Wales within the defined timescale alongside any service specific areas.
- Staff have access to copies of any relevant codes of professional practice and practice guidance set out by Social Care Wales. The standards set out in the code and practice guidance are actively promoted.
- Where agency staff are deployed an introduction to the service is provided which includes but is not limited to:
 - the statement of purpose;
 - core policies and procedures; and
 - management arrangements.
- Staff are aware of and understand their responsibilities when delegating an activity or having an activity delegated to them.
- Staff undertaking delegated nursing tasks should be aware of and adhere to any code of practice and guidance issued in relation to undertaking delegated tasks.
- Service providers must respect the professional autonomy of registered professionals in relation to delegation of tasks.
- Staff receive supervision in their role to reflect on their practice and to make sure their professional competence is maintained. This includes feedback about their performance from individuals using the service.
- Supervision is an opportunity for staff to meet with their line manager:
 - to discuss progress, practice and issues which may impact on their work;
 - to test gaps in knowledge and understanding; and
 - to observe practice.

- Staff meet for one to one supervision with their line manager no less than 2 monthly.
- Registered nursing staff have the opportunity for clinical supervision.
- All staff should have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.
- Additional training, learning and development needs of individual staff members are identified within the first month of employment and reviewed through the supervision and appraisal process.
- Staff are supported to undertake training, learning and development to enable them to fulfil the requirements of their role and meet the needs of individuals using the service.
- The service provider undertakes an annual (or sooner if changes require it) training needs analysis to ensure that staff have the relevant skills, and competence to meet the needs of individuals and the statement of purpose.
- The service provider maintains a written record of all training, supervision required and completed.
- Service providers should support all staff to complete:
 - statutory training;
 - further appropriate qualifications, that would enable them to continue to perform their role;
 - training and activities required for continuing professional development and to meet the requirements for registration of professional regulatory bodies where this is relevant to their role;
 - other training deemed appropriate by the service provider;
 - core and specialist training identified by Social Care Wales as consistent with their role.

Regulation 36	Guidance
<p>Compliance with employers' code of practice</p> <p>36. The service provider must adhere to the code of practice on the standards of conduct and practice expected of persons employing or seeking to employ social care workers, which is required to be published by Social Care Wales under section 112(1)(b) of the Act.</p>	<ul style="list-style-type: none"> • The service provider has a clear understanding of their role and responsibilities in relation to the Code of Practice for Employers of Social Care Staff (Social Care Wales publication).

Regulation 37	Guidance
<p>Information for staff</p> <p>37. (1) The service provider must ensure that all persons working at the service (including any person allowed to work as a volunteer) are provided with information about the service and the way it is provided.</p> <p>(2) The service provider must ensure that there are arrangements in place to make staff aware of any codes of practice about the standards of conduct expected of social care workers, which is required to be published by Social Care Wales under section 112(1)(a) of the Act.</p>	<ul style="list-style-type: none"> • The service provider compiles and makes available information for staff in line with the statement of purpose. This should include information about the following matters— <ul style="list-style-type: none"> ○ the ethos and culture of the service; ○ the conduct expected of staff or others working at the service; ○ the roles and responsibilities of staff or others working at the service; ○ the policies and procedures of the service; ○ record keeping requirements; ○ disciplinary procedures; ○ arrangements for reporting concerns; and ○ arrangements for lone working.

	<ul style="list-style-type: none"> • The service provider ensures that staff have access to and understand up-to-date copies of all relevant policy, procedures and codes of practice. The service provider ensures staff have read this during the induction period and tests their understanding through supervision and performance review. • The service provider is satisfied that staff undertake their duties in line with the requirements of policies and procedures. • All staff are provided with a written job description which states clearly their responsibilities, the duties currently expected of them and their line of accountability. • Regular staff meetings take place (a minimum of six meetings per year), are recorded and appropriate actions are taken as a result.
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Regulation 38	Guidance
<p>Disciplinary procedures</p> <p>38. (1) The service provider must put in place and operate a disciplinary procedure.</p> <p>(2) The disciplinary procedure must include—</p> <p>(a) provision for the suspension, and the taking of action short of suspension, of an employee, in the interests of the safety or well-being of people using the service;</p> <p>(b) provision that a failure on the part of an employee to report an incident of abuse, or suspected abuse, to an appropriate person, is grounds on which disciplinary</p>	<ul style="list-style-type: none"> • The service provider has a disciplinary policy and procedures to deal with employee performance and conduct. This includes: <ul style="list-style-type: none"> ○ information about what is acceptable and unacceptable behaviour and what action will be taken if there are concerns about their behaviour. ○ the arrangements for a member of staff to be suspended (or transferred to other duties) pending consideration or investigation of an allegation of abuse or serious concern relating to the safety or well-being of individuals. • Where the service provider is undertaking a disciplinary procedure on an employee and the employee leaves during disciplinary process the service

<p>proceedings may be instituted.</p> <p>(3) For the purpose of paragraph (2)(b), an appropriate person is—</p> <ul style="list-style-type: none"> (a) the service provider, (b) the responsible individual, (c) an officer of the service regulator, (d) an officer of the local authority for the area in which the service is provided, (e) in the case of an incident of abuse or suspected abuse of a child, an officer of the National Society for the Prevention of Cruelty to Children, or (f) a police officer. 	<p>provider completes the process and agrees a sanction for the employee. Where the sanction is dismissal and the employee is registered with Social Care Wales the service provider notifies Social Care Wales of their decision.</p> <ul style="list-style-type: none"> • The service provider ensures that staff are aware of and understand the grievance and disciplinary procedures. • A written report of disciplinary investigations and action taken should be kept on the employees file. • The service provider ensures that staff understand: <ul style="list-style-type: none"> ○ how they should respond to suspected abuse or neglect concerning individuals receiving care and support; ○ who they should report suspected abuse or neglect to; and ○ the consequences of failing to immediately report any concerns, suspected abuse or neglect.
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1.9 Requirements on service providers as to premises, facilities and equipment (Part 11)

The intent of Part 11 of the Regulations set out the requirements for the service provider to ensure that individual’s care and support is provided in an location and environment with facilities and, where relevant equipment that promotes achievement of their personal outcomes.

This includes:

- ensuring that systems and processes are in place which promote a safe and high quality environment in which the services are provided;
- ensuring the physical environment provides individual and communal space to meet their care and support need needs; and
- facilities and equipment which are well maintained and appropriate to the individuals using the service.

Regulations 39 and 40	Guidance
<p>Overarching requirement</p> <p>39. The service provider must ensure that the premises, facilities and equipment are suitable for the service, having regard to the statement of purpose for the service.</p> <p>Premises – accommodation services only</p> <p>40. (1) The requirements in this regulation only apply to providers of regulated services where accommodation is provided.</p> <p>(2) The service provider must ensure that the physical design, layout and location of the premises used for the provision</p>	<ul style="list-style-type: none"> • The location, design and size of the premises must be suitable for the service described in the statement of purpose. • The premises are located, designed and equipped to meet the needs of the individuals the service is intended for. This includes ensuring that: <ul style="list-style-type: none"> ○ individual’s needs and where possible their views are taken into account when premises are designed, built, maintained, renovated or adapted; ○ the service is situated in a location which takes into account the need for individuals to have easy access to relevant facilities and the local community, for example education, health, employment and leisure, and have good access to public transport. Where access to this is limited this is facilitated by the service provider; ○ privacy, dignity, confidentiality and safety of individuals are not

<p>of the service is suitable to—</p> <p>(a) achieve the aims and objectives set out in the statement of purpose;</p> <p>(b) meet the care and support needs of the individuals;</p> <p>(c) support individuals to achieve their personal outcomes.</p> <p>(3) In particular, the service provider must ensure that the premises used for the provision of the service meet the requirements of paragraphs (4) to (6) of this regulation.</p> <p>(4) Premises must be—</p> <p>(a) accessible, adequately lit, heated and ventilated;</p> <p>(b) secure from unauthorised access;</p> <p>(c) suitably furnished and equipped;</p> <p>(d) of sound construction and kept in good structural repair externally and internally;</p> <p>(e) fitted and adapted as necessary, in order to meet the needs of individuals;</p> <p>(f) organised so that equipment used for the provision of the service is appropriately located;</p> <p>(g) free from hazards to the health and safety of individuals and any other persons who may be at risk, so far as is reasonably practicable;</p> <p>(h) properly maintained;</p> <p>(i) kept clean to a standard which is appropriate for the purpose for which they are being used.</p> <p>(5) Premises must have bedrooms which—</p> <p>(a) include appropriate facilities to meet the care and support needs of the individual (if the room is single occupancy) or individuals (if the room is shared) occupying the bedroom;</p>	<p>compromised;</p> <ul style="list-style-type: none"> ○ individuals are able to enter and exit the premises and find their way around easily; and ○ there is independent access to all areas of the service and the premises are adapted to achieve this where required. <ul style="list-style-type: none"> • The service provider has security arrangements in place which ensure individuals are safe and secure without compromising their rights, privacy and dignity. The level of security used must be appropriate to the individual and the service being provided. This includes: <ul style="list-style-type: none"> ○ protecting personal property and/or money; and ○ providing appropriate access to and from the premises which does not unnecessarily restrict an individual’s freedom of movement; ○ discussion with relevant partners, for example crime prevention officers. • The service provider has a written policy in relation to the use of CCTV both by the service and by individuals, families and staff. • The use of surveillance in regulated services should be overt, purposeful, lawful and clearly indicated within the building and user guide. • The use of surveillance should comply with the requirements under the Regulations in relation to privacy, dignity and respect. It should comply with all other legal requirements e.g. under the Data Protection Act 1998. • Where children are accommodated premises are not marked to distinguish this. • The service provider ensures that the building has natural ventilation and is heated to reflect the needs of the individuals living at the place.
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<p>(b) are of an adequate size, having regard to —</p> <ul style="list-style-type: none"> (i) whether the room is shared or single occupancy; (ii) the layout and furniture; (iii) the equipment required to meet the needs of the individual (if the room is single occupancy) or individuals (if the room is shared); (ix) the number of staff required to meet the needs of the individual (if the room is single occupancy) or individuals (if the room is shared) ; <p>(c) are comfortable for the individual (if the rooms is single occupancy) or individuals (if the room is shared);</p> <p>(d) allow the individual (if the room is single occupancy) or individuals (if the room is shared) both freedom of movement and privacy.</p> <p>(6) Premises must have sitting, recreational and dining space which is provided separately from the individual's private accommodation and any such space must be —</p> <ul style="list-style-type: none"> (a) suitable and sufficient, having regard to the statement of purpose; (b) located so as to enable all persons using the space to access any such space easily and safely. <p>(7) Any communal space used for the provision of the service must be suitable for the provision of social, cultural and religious activities appropriate to the circumstances of the individuals.</p> <p>(8) Suitable facilities must be provided for individuals to meet visitors in private in a space which is separate from the individual's own private room.</p> <p>(9) Premises must have toilets, bathrooms and showers which are—</p> <ul style="list-style-type: none"> (a) of sufficient number and of a suitable type to meet the 	<ul style="list-style-type: none"> • Where relevant additional ventilation systems and lighting are installed. • Furnishings and equipment are provided to achieve the aims and objectives set out in the statement of purpose and to meet the needs and, where possible, the preferences of individuals receiving care and support. This could include: <ul style="list-style-type: none"> ○ specialist beds and mattresses, call systems, moving and handling equipment, signage, handrails and/or equipment to support individual's physical, cognitive and sensory needs; ○ provision of suitable equipment and furnishings to support learning for example computers and desks; ○ providing sports and leisure equipment; ○ access to telephone (and opportunity to use telephone in private), e mail, internet facilities which are suitable for individual's needs. • Arrangements are made to obtain additional specialist advice, aids and equipment to meet individual's needs in liaison with relevant statutory agencies. • Policies and procedures are in place to ensure that buildings, mechanical and electrical systems are sound and operationally safe. • There is a system of monitoring and auditing in place which supports a planned maintenance schedule and renewal programme for the fabric and decoration of the premises. • There are arrangements to ensure that any immediate repairs and works arising are identified, reported and action undertaken in response to the level of urgency to support the safety and well-being of individuals using the service, visitors and staff. • The service provider has relevant budget allocation available to ensure the ongoing maintenance of premises, facilities, furnishings and equipment.
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<p>needs of the individuals;</p> <p>(b) appropriately equipped;</p> <p>(c) located so as to enable all persons to access them easily and safely.</p> <p>(10) Premises must have external grounds which are accessible, suitable for, and safe for use by, individuals and appropriately maintained.</p> <p>(11) Premises must have suitable facilities for staff which must include—</p> <p>(a) suitable sleeping accommodation;</p> <p>(b) changing facilities;</p> <p>(c) storage facilities.</p>	<ul style="list-style-type: none"> • The service provider ensures that the bedrooms are equipped to meet the needs of the individual and the statement of purpose. • Service providers consider individuals' wishes and preferences in the way their rooms are furnished and decorated. • Individuals' own rooms suit their needs and lifestyles and promote their independence. • Bedrooms have windows at a level from which they can see out. • Individuals are able to control the heating in their own bedrooms. • Bedrooms, whether for a single occupant or shared have sufficient space and furnishings to: <ul style="list-style-type: none"> ○ enable the safe use of equipment without impact on staff, individuals or furnishings and personal items; ○ enable staff to meet the individual's care and support needs in a safe and dignified manner; ○ provide privacy; ○ provide space for independent activity for example, complete homework, pursue hobbies and spend time alone. • Doors to bedrooms are fitted with locks suitable to their capabilities and individuals are provided with keys unless their risk assessment suggests otherwise. • Staff are able to open the doors to bedrooms from the outside in case of emergency. • Individuals should have safe secure storage facilities for their personal belongings including money, valuables and where appropriate medication.
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- Communal spaces are available to meet the statement of purpose and the needs of individuals accommodated. This includes provision for individuals to meet privately with visitors, take part in activities, play and recreation, which does not impact on the routines or privacy of other individuals' using the service.
- Service providers consider layout, access, design/decor, signage and adaptations for communal areas which take into account the needs and dependency of individuals living at the place. For example; individuals with dementia, physical disability and sensory impairment. This considers recognised evidence-based guidance and this is reviewed regularly to ensure that the service continues to reflect current practice.
- Independence is promoted and maintained by appropriate access to facilities and equipment, for example accessible kitchen/cooking and laundry facilities.
- Communal areas are easily and independently accessible in accordance with the Equality Act 2010 and other current legislation and guidance.
- Baths or showers are available for individuals use in accordance with their needs and the statement of purpose.
- Bathrooms, showers and toilets are located and designed to take account of the privacy, dignity, safety and needs and abilities of individuals, in line with requirements of the Equality Act 2010.
- Bathrooms, showers and toilets should have aids and equipment provided to meet the needs of individuals accommodated for example grab rails, sinks located at an accessible height and emergency call systems.
- These facilities are readily accessible from sleeping and recreational areas of the home.

	<ul style="list-style-type: none"> • Staff are able to open the doors to bathrooms, showers and toilets from the outside in case of emergency. • Grounds are kept tidy, safe, attractive and accessible to individuals. • Safety and condition of the grounds are regularly reviewed as part of the maintenance programme. • Outdoor space is designed to meet the needs of all individuals including those with physical, sensory and cognitive impairments. • Where accommodation is provided for staff this is located within the service and enables them to respond easily to individuals needs. • Changing facilities are provided for staff. • Staff are provided with a safe place to store personal belongings
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Regulation 41	Guidance
<p>Single occupancy and shared rooms – adults</p> <p>41. (1) Where the service provider is providing a care home service which includes the provision of accommodation for individuals who are adults, the service provider must ensure that each adult has a single room, unless paragraph (2) or (3) applies.</p> <p>(2) This paragraph applies if—</p> <p>(a) the adult chooses to share a room with another adult,</p>	<ul style="list-style-type: none"> • In all accommodation-based services for adults requiring care and support they are provided with single bedrooms. • Unless regulation 37(3) applies bedrooms are only shared when adults are family members and they actively chose to do so.

<p>and</p> <p>(b) there is a family relationship between those adults which existed prior to moving into the home.</p> <p>(3) This paragraph applies if—</p> <p>(a) the care home service was registered as a care home under the Care Standards Act 2000,</p> <p>(b) the accommodation provided was occupied at the time the service provider was registered under the Act, and</p> <p>(c) the adult was sharing a room with another adult at the time these Regulations come into force and chooses to continue to share a room with that adult.</p>	
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Regulation 42	Guidance
<p>Single occupancy and shared rooms – children</p> <p>42. (1) Where the service provider is providing a care home service which includes the provision of accommodation for individuals who are children, the service provider must ensure that each child has a single room, unless paragraph (2) applies.</p> <p>(2) This paragraph applies if—</p> <p>(a) the care home service was registered as a children’s home under the Care Standards Act 2000,</p> <p>(b) the accommodation provided was occupied at the time the service provider was registered under the Act,</p> <p>(c) the child is sharing a room with no more than one other child,</p>	<ul style="list-style-type: none"> • In all accommodation-based services for children requiring care and support they are provided with single bedrooms. • Bedrooms are only shared when regulation 38 (2) of these regulations apply.

<p>(d) (except in the case of siblings) the other child is not of the opposite sex or of a significantly different age to him or her, and</p> <p>(e) sharing a room will promote the child’s well-being, is provided for in the child’s care and support plan and wherever practicable is agreed with the child.</p>	
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Regulation 43	Guidance
<p>Premises – all services</p> <p>43. (1) The service provider must ensure that the premises used for the operation of the service have adequate facilities for—</p> <p>(a) the supervision of staff;</p> <p>(b) the secure storage of records.</p>	<ul style="list-style-type: none"> • The service provider has suitable space within the premises to provide privacy for supervision of staff. • Records are stored securely in line with the requirements of legislation.

Regulation 44	Guidance
<p>Facilities and equipment</p> <p>44. The service provider must ensure that the facilities and equipment used for the provision of the service are—</p> <p>(a) suitable and safe for the purpose for which they are intended to be used;</p>	<p>For all services:</p> <ul style="list-style-type: none"> • The service provider ensures that there are suitable facilities for storage of equipment, which are easily accessible to staff and does not present a risk to individuals using or working at the service. • Facilities, fittings, adaptations and equipment are available to achieve the

<p>(b) used in a safe way;</p> <p>(c) properly maintained;</p> <p>(d) kept clean to a standard which is appropriate for the purpose for which they are being used;</p> <p>(e) stored appropriately.</p>	<p>aims and objectives set out in the statement of purpose, help to meet the care and support needs of individuals using the services, and support them to achieve their personal outcomes.</p> <ul style="list-style-type: none">• Arrangements are in place to purchase, service, maintain, renew and replace equipment where appropriate. These arrangements should meet the requirements of any current legislation and guidance, manufacturers' instructions and the service provider's policies or procedures.• All equipment is used, stored and maintained in line with the manufacturers' instructions.• Equipment is used for its intended purpose and solely for the individual for whom it is provided.• Staff and others who operate the equipment are trained to use it appropriately prior to use.• Individuals using the service are consulted about the facilities, services and equipment provided by the service on their behalf and where possible individual choices and preferences are respected and acted upon.
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1.10 Additional requirements on service providers in respect of premises – new accommodation (Part 12)

The intent of Part 12 of the Regulations is to develop accommodation-based services to provide consistently high quality environments for individuals receiving care and support. This is to provide choice and support for individuals to maintain their privacy and dignity and independence.

Regulations 45	Guidance
<p>Application of Part 12</p> <p>45. (1) This Part applies where accommodation is provided and the premises used for the provision of the service fall within one of the categories in paragraph (2).</p> <p>(2) The categories are—</p> <p>Category A: The premises consist of a new building</p> <p>Category B: The premises consist of an extension to a building which is part of the service provider’s existing registration</p> <p>Category C: The premises consist of a building which was described in the application for registration of a previous service provider but is not occupied at the time of the service provider’s application for registration.</p> <p>(3) If this Part applies, the service provider must ensure that the requirements of regulations [46] to [50] are complied with.</p>	<ul style="list-style-type: none"> Accommodation-based services where additional requirements apply are defined in regulation 41 (1) and (2) of these regulations.

Regulation 46	Guidance
<p>Additional requirements – en-suite bathrooms</p> <p>46. All bedrooms used for the provision of the service must have an en suite which includes an accessible wash hand basin, lavatory and shower.</p>	<ul style="list-style-type: none"> • En suite facilities are accessible to meet individual’s needs. For example where individuals use a wheelchair they can access the en suite facilities or are provided with the necessary equipment to do so.

Regulation 47
<p>Additional requirements – room sizes</p> <p>47. (1) All bedrooms used for the provision of the service must have a minimum of 12 square metres of useable floor space unless paragraph (2) or (3) applies.</p> <p>(2) This paragraph applies where the person living in the room has to use a wheelchair on a permanent and constant basis because of the nature of their disability.</p> <p>(3) This paragraph applies where a bedroom is shared.</p> <p>(4) If paragraph (2) applies, the bedroom must have a minimum of 13.5 square metres of useable floor space.</p> <p>(5) If paragraph (3) applies, the bedroom must have a minimum of 16 square metres of useable floor space.</p>

Regulation 48
<p>Additional requirements – communal space</p> <p>48. The amount of sitting, recreational and dining space which is used for the provision of the service in accordance with regulation [40](6) must be at least—</p> <p>(a) 4.1 square metres for each individual;</p> <p>(b) 5.1 square metres for wheelchair users.</p>

Regulation 49	Guidance
<p>Additional requirements – outdoor space</p> <p>49. The external grounds which are used for the provision of the service in accordance with regulation [40(10)] must—</p> <ul style="list-style-type: none"> (a) be accessible to individuals in wheelchairs or with other mobility problems, (b) have sufficient and suitable seating, and (c) be designed to meet the needs of all individuals including those with physical, sensory and cognitive impairments. 	<ul style="list-style-type: none"> • Service providers ensure that the layout, design and access to outdoor areas is in line with the statement of purpose and individuals’ needs • Outdoor areas can be accessed independently and/or with support if required. Consideration is given to the need for: <ul style="list-style-type: none"> ○ adaptations to provide access; ○ pathways and paving suitable for wheelchair users and mobility scooters/equipment; ○ safety and security of individuals while outside; ○ sufficient seating to enable individuals to rest /enjoy being outdoors; ○ play and recreational equipment; and ○ therapeutic and sensory areas.

Regulation 50
<p>Additional requirements – passenger lift</p> <p>50. Where the accommodation used for the provision of the service is on more than one floor, and this is consistent with the statement of purpose for the service, there must be a passenger lift.</p>

1.11 Requirements on service providers as to supplies, hygiene, health and safety and medicines (Part 13)

The intent of Part 13 of the Regulations is to ensure that individuals are supported by a service that:

- has sufficient quantities of supplies for their care and support needs;
- have safe systems for medicines management;
- identifies and mitigates risks to health and safety; and
- promotes hygienic practices and manage risk of infection.

Regulation 51	Guidance
<p>Supplies</p> <p>51. The service provider must ensure that supplies are available of a sufficient quantity and of a suitable type to deliver the service effectively and to meet the care and support needs of the individuals.</p>	<ul style="list-style-type: none"> • The service provider ensures that supplies relevant to the number and needs of individuals are available in order to support them to achieve their personal outcomes. • Individuals are supported to access personal supplies where relevant. • Arrangements are in place for oversight and review of supplies which are required, this includes contingency plans in case of emergency.
Regulation 52	Guidance

Hygiene and infection control

52. (1) The service provider must have arrangements in place to ensure—

- (a) satisfactory standards of hygiene in the delivery of the service;
- (b) the appropriate disposal of general and clinical waste.

(2) The service provider must have policies and procedures in place for the control of infection and to minimise the spread of infection and must ensure that the service is provided in accordance with these policies and procedures.

- Policies and procedures are in place that promote hygiene and take into account current legislation and guidance for example:
 - food handling;
 - hand washing; and
 - cleaning and laundering arrangements (where relevant)
- Staff must be aware of the policies and procedures relevant to their role and have training to understand safe working practices concerning hygiene.
- In accommodation-based services:
 - cleaning programmes are in place which are appropriate to the care and support provided with sufficient staff and equipment to ensure that this is maintained; and
 - systems are established to monitor levels of cleanliness and to take action where shortfalls are identified.
- In accommodation-based services there are systems in place for the oversight and monitoring of standards of hygiene.
- Equipment is provided to maintain high standards of hygiene (relevant to the statement of purpose), for example;
 - in care homes laundering facilities and hand washing facilities which are easily accessible and appropriately sited;
 - in all services access to protective clothing, gloves and aprons;
 - the service provider has policies and procedures in place that reflect the requirements of the relevant regulatory authorities to ensure the health and safety of individuals using the service, staff and visitors.
- Procedures for management of hazardous waste meet relevant Health and Safety legislation and guidance.

	<ul style="list-style-type: none">• There are policies and procedures to prevent infection and the spread of infection which are aligned to any current legislation and national guidance. This includes :<ul style="list-style-type: none">○ the safe handling and disposal of clinical waste;○ dealing with spillages;○ provision of protective clothing;○ hand washing. (this list is not exhaustive)• Staff must be aware of the policies/procedures and have training to understand safe working practices concerning the prevention of infection.• Equipment provided for cleaning and decontamination is in line with current legislation and guidance relevant to the statement of purpose. It is :<ul style="list-style-type: none">○ easily accessible; and○ cleaned and decontaminated after each use in line with current legislation, guidance and manufacturers' instructions.
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Regulation 53	Guidance
<p>Health and safety</p> <p>53. The service provider must ensure that any risks to the health and safety of individuals are identified and reduced so far as reasonably practicable.</p>	<ul style="list-style-type: none"> • The service provider must ensure the premises comply with current legislation and guidance in relation to health and safety, fire safety, environmental health and any standards set by the food standards agency. Examples include: <ul style="list-style-type: none"> ○ required safe water temperatures; ○ fitting of window restrictors; ○ fire evacuation and drills; ○ safe disposal of clinical waste; ○ safe storage, preparation of food and ○ regular health and safety risk assessments of the premises are undertaken which include grounds and equipment. • Improvements identified are acted upon according to the level of risk. • Where relevant, the service provider acts on the views of external bodies such as fire service, Health and Safety Executive, Environmental Health and other bodies who provide best practice guidance relevant to the service provided.

Regulation 54	Guidance
<p>Medicines</p> <p>54.—(1) The service provider must have arrangements in place</p>	<ul style="list-style-type: none"> • There is a medication policy and procedures in place which is aligned to any current legislation and national guidance. This must include as a minimum the systems in place for managing and oversight of ordering, re ordering, storage, administration (including covert administration),

<p>to ensure that medicines are stored and administered safely.</p> <p>(2) These arrangements must include the arrangements for—</p> <ul style="list-style-type: none"> (a) maintaining a sufficient supply of medicines; (b) the effective ordering, re-ordering, recording, handling and disposal of medicines; (c) regular auditing of the storage and administration of medicines. <p>(3) The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and these procedures.</p>	<p>recording, and disposal of medicines.</p> <ul style="list-style-type: none"> • There are arrangements in place to support and promote the individual’s independent management of their medication including liaison with relevant professionals to enable this. • Staff receive training and are competent before managing, administering or supporting individuals to manage their own medication. • Systems are in place to ensure oversight and audit of medicines management. • Where staff are taking on delegated tasks from other professionals relating to medicine management this is in keeping with any current national guidance and/or professional codes of practice.
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1.12 Other requirements on service providers (Part 14)

The intent of Part 14 of the Regulations is to ensure that individuals' are protected by a service that works proactively to secure their care and support and protect their rights by:

- maintaining accurate records which are available to them and their representatives;
- communicating with the relevant regulatory bodies and statutory agencies where there are concerns and significant events affecting individuals;
- ensuring an open and transparent service by promoting an accessible complaints policy and procedure;
- supporting staff to raise concerns about the service through whistleblowing procedures; and
- demonstrate learning from concerns and complaints to improve the service.

Regulation 55	Guidance
<p>Records</p> <p>55. (1) The service provider must keep and maintain the records specified in Part 1 of Schedule 2 in respect of each place at, from or in relation to which the service is provided.</p> <p>(2) Where the service provider is registered to provide a care home service, a secure accommodation service or a residential family centre service, the service provider must in addition keep and maintain the records specified in Part 2 of Schedule 2 in respect of each place at which such a service is provided.</p> <p>(3) The service provider must—</p> <p>(a) ensure that records relating to individuals are accurate and up to date;</p> <p>(b) keep all records securely;</p> <p>(c) make arrangements for the records to continue to be kept</p>	<ul style="list-style-type: none"> • There is a policy and procedures for the management of records. • Staff are aware of the policy and have clear understanding of the procedures for managing records. This includes training in information security and action to be taken where personal information is compromised. • The service provider maintains all the records required for the protection of individuals and the efficient running of the service as specified by schedule 2 of the Regulations. • In care homes services which accommodate children: <ul style="list-style-type: none"> ○ a permanent, private and secure record of the child's history, educational plans, progress and achievements, any statement of special educational needs is maintained; and ○ can be seen by the child and by the child's parents as appropriate and in keeping with any current legal requirements or court orders in

<p>securely in the event the service closes;</p> <p>(d) in the case of records about a child accommodated in a care home service for children, ensure that the records are delivered to the placing authority when the service ceases to be provided;</p> <p>(e) make the records available to the service regulator on request;</p> <p>(f) retain records relating to adults for three years from the date of the last entry;</p> <p>(g) retain records relating to children for fifteen years from the date of the last entry, unless the records are returned to the placing authority in accordance with sub-paragraph (d);</p> <p>(h) ensure that individuals who use the service—</p> <p>(i) can have access to their records; and</p> <p>(ii) are made aware they can access their records.</p>	<p>place.</p> <ul style="list-style-type: none"> • All records are secure, up to date and in good order. They are prepared, maintained and used in accordance with the data protection legislation and other statutory requirements and are kept for the required length of time as set out in Regulation 49(3)(f) &(g) of the regulations. • Records are stored securely including electronic records which are password protected. • Individuals, their carers or their representatives and staff are given access to their records and information about them held by the service provider in accordance with the Data Protection Act 1998 and any other current legal requirements.
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Regulation 56	Guidance
<p>Notifications</p> <p>56. (1) The service provider must notify the service regulator of the events specified in Parts 1 and 2 of Schedule 3.</p> <p>(2) The service provider must notify Public Health Wales of the events specified in Part 3 of Schedule 3</p> <p>(3) Where the service provider is providing a care home service for children, the provider must —</p> <p>(a) notify the placing authority of the events specified in Part 4 of Schedule 3;</p> <p>(b) notify the local authority for the area in which the home is situated of the events specified in Part 5 of Schedule 3;</p> <p>(c) notify the appropriate police officer of the events specified in Part 6 of Schedule 3;</p> <p>(d) notify the health board in whose area the home is situated of the events specified in Part 7 of Schedule 3.</p> <p>(4) The notifications required by paragraphs (1) to (3) must include details of the event.</p> <p>(5) Unless otherwise stated, notifications must be made without delay and in writing.</p> <p>(6) Notifications must be made in such manner and in such form as may be required by the service regulator.</p> <p>(7) In this regulation “Public Health Wales” means the NHS trust established by the Public Health Wales National Health Service Trust (Establishment) Order 2009.</p>	<ul style="list-style-type: none"> • The service provider has appropriate arrangements in place for the notification of the events listed Schedule 3 of the Regulations to be made to the relevant authority. • Notifications are made without delay, usually within 24 hours of the event occurring. • In relation to Schedule 3 (18) & (35). The service provider notifies the regulator of any accident, injury or illness to an individual which, in the reasonable opinion of a health care professional, requires treatment by that, or another, health care professional and has or may have resulted in— <ul style="list-style-type: none"> ○ damage or impairment (either permanent or likely to last for more than 28 days) of the sensory, motor or intellectual functions of the individual, ○ changes to the structure of the individual’s body, ○ the individual experiencing prolonged pain or prolonged psychological harm, or ○ the death or shortening of the life expectancy of the individual. • In relation to Schedule 3 (21). The service provider notifies the regulator of any events which prevent, or could prevent, them from continuing to provide the service safely. This includes but is not limited to: <ul style="list-style-type: none"> ○ an insufficient number of suitably qualified, trained, skilled, competent and experienced staff deployed to work at the service, ○ an interruption in the supply to premises owned or used by the service provider for the purposes of providing the regulated service of electricity, gas, water or sewerage where that interruption has lasted for longer than a continuous period of 24 hours, ○ physical damage to premises owned or used by the service provider for the purposes of providing the regulated service which has, or is

	<p>likely to have, a detrimental effect on the care and support provided to individuals,</p> <ul style="list-style-type: none"> ○ the failure or malfunction of the heating system in premises owned or used by the service provider for the purposes of providing the regulated service where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours; and ○ the failure or malfunctioning of fire alarms or other safety devices in premises owned or used by the service provider for the purposes of providing the regulated service where that failure or malfunctioning has lasted for longer than a continuous period of 24 hours.
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Regulation 57	Guidance
<p>Notification with respect to children admitted into, or discharged from, a place at which accommodation is provided to children</p> <p>57. (1) This regulation applies where the service provider is registered to provide—</p> <ul style="list-style-type: none"> (a) a care home service which provides accommodation to children (referred to in this regulation as “a children’s care home service”), or (b) a secure accommodation service. <p>(2) In this regulation, references to “the accommodation” are references to the place at which a children’s care home service or a secure accommodation service is provided.</p> <p>(3) The service provider must notify, without delay, the local authority for the area in which the accommodation is located of every admission of a child into the accommodation and</p>	<ul style="list-style-type: none"> • The following applies in relation to Schedule 3 (31)(43)(45)(47). The service provider notifies the relevant authorities of any incident of child sexual exploitation (CSE) or suspected child sexual exploitation. This includes but it not limited to: <ul style="list-style-type: none"> ○ where a child identified as at risk of CSE goes missing; ○ where a child reports an incident that indicates they may be a victim of CSE; or ○ where there is reason to believe a child may be subject to CSE. • Where a child identified as at risk of CSE goes missing, only one notification is made under Schedule 3 (31)(43)(45)(47). • The following applies in relation to Schedule 3 (32)(41)(46). The service provider notifies the relevant authorities of any incident where an accommodated child goes missing or has an unexplained absence. This includes but is not limited to: <ul style="list-style-type: none"> ○ Where a child’s location or reason for their absence is unknown and

<p>every discharge of a child from the accommodation.</p> <p>(4) The service provider is not required to notify the local authority in paragraph (3) if that local authority is also the placing authority for the child in question.</p> <p>(5) A notification under this regulation must be in writing and must state—</p> <ul style="list-style-type: none"> (a) the child's name and date of birth; (b) whether the child is provided with accommodation under section 76 or 77 of the 2014 Act or, in the case a child placed by a local authority in England, whether the child is provided with accommodation under section 20 or 21 of the Children Act 1989; (c) whether the child is subject to a care or supervision order under section 31 of the Children Act 1989; (d) the contact details for— <ul style="list-style-type: none"> (a) the child's placing authority; and (b) the independent reviewing officer appointed for the child's case; and (e) whether the child has a statement of special educational needs or an EHC plan and, if so, details of the local authority with responsibility for maintaining the statement of special educational needs or for the EHC plan. <p>(6) In this regulation, “EHC plan” has the meaning given in section 37(2) (education, health and care plans) of the Children and Families Act 2014.</p>	<p>there is cause for concern for them because of their vulnerability or risk to self or others. The point at which the home is concerned and will take action including reporting the child missing to the police will vary according to the child’s individual risk assessment.</p>
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Regulation 58	Guidance
<p>Notification with respect to the death of a child accommodated in a secure children's home</p> <p>58. (1) This regulation applies where a child to whom a secure accommodation service is provided dies.</p> <p>(2) Any requirements imposed by this regulation apply to the service provider of the secure accommodation service which was providing accommodation to the child at the time of the death.</p> <p>(3) If this regulation applies, the service provider must without delay notify—</p> <ul style="list-style-type: none"> (a) the appropriate office of the service regulator; (b) the placing authority; (c) the local authority in whose area the secure accommodation service is located; (d) the Local Health Board in whose area the secure accommodation service is located; (e) the Prisons and Probation Ombudsman for England and Wales (“the PPO”); and (f) the child's parent or person who has parental responsibility for the child. <p>(4) The service provider must allow the PPO to investigate the death by—</p> <ul style="list-style-type: none"> (a) granting the PPO access to— <ul style="list-style-type: none"> (i) the premises of the service, and (ii) the service's documents and records; (b) allowing the PPO to take away from the premises 	<ul style="list-style-type: none"> • The service provider notifies the relevant authorities of the death of a child accommodated in a secure children’s home in accordance with regulation 58. • This notification regulation applies to service providers of secure accommodation services and care homes where children are accommodated. • The service provider notifies the local authority for the area where the secure accommodation or care home is located when a child moves in or leaves the service. • This notification must include the information set out in regulation 58(5).

copies of any documents or records accessed under sub-paragraph (a)(ii) provided that the PPO has secure arrangements for doing so; and

(c) if they consent, allowing the PPO to interview in private any children, parents (or persons with parental responsibility) or relatives, or persons working at the service.

(5) A notification under this regulation—

(a) must include details of—

(i) the circumstances of the death;

(ii) the other persons, bodies or organisations (if any) who or which the service provider has notified or proposes to notify; and

(iii) any actions the service provider has taken or proposes to take as a result of the death;

(b) must be made or confirmed in writing.

(6) In this regulation, references to PPO include a person appointed by, or working on behalf of, the PPO for the purposes of an investigation under paragraph (2).

Regulation 59	Guidance
<p>Conflicts of interest (including prohibitions)</p> <p>59. (1) The service provider must have arrangements in place to identify, record and manage potential conflicts of interest.</p> <p>(2) The service provider must ensure that a person having a financial interest in a care home service does to act as a medical practitioner for any individual for whom that service is provided.</p>	<ul style="list-style-type: none"> • The service provider maintains appropriate systems and takes all reasonable steps to make sure actual or perceived conflicts of interests are identified, prevented and recorded in an open way. • Where a medical practitioner has a financial interest in a care home service, that practitioner must not act as the medical practitioner for an individual receiving care from the service. A financial interest includes: <ul style="list-style-type: none"> ○ being the owner or partner or director in the provider organisation; ○ being a share holder or holds stocks in the provider organisation; ○ receiving a salary or any other financial benefit/remuneration from the provider organisation.

Regulation 60	Guidance
<p>Complaints policy and procedure</p> <p>60. (1) The service provider must have a complaints policy in place and ensure that the service is operated in accordance with that policy.</p> <p>(2) The service provider must have effective arrangements in place for dealing with complaints including arrangements for—</p> <ul style="list-style-type: none"> (a) identifying and investigating complaints; (b) giving an appropriate response to a person who makes a complaint, if it is reasonably practicable to contact that person; 	<ul style="list-style-type: none"> • The service provider has a simple and accessible complaints policy which includes an informal resolution stage and explains – <ul style="list-style-type: none"> ○ who to approach to discuss a concern/complaint; ○ how individuals can be supported to make a complaint; ○ where available, information about accessing independent advocacy; ○ how this will be dealt with; and ○ the stages and timescales for the process. • The policy and procedures are in an easy to read format, well publicised, readily available and accessible to individuals using the service, their families, significant others, visitors, staff and others working at the service.

<p>(c) ensuring that appropriate action is taken following an investigation;</p> <p>(d) keeping records relating to the matters in subparagraphs (a) to (c).</p> <p>(3) The service provider must provide a summary of complaints, responses and subsequent action to the service regulator within 28 days of being requested to do so.</p> <p>(4) The service provider must—</p> <p>(a) analyse information relating to complains and concerns;, and</p> <p>(b) having regard to that analysis, identify any areas for improvement.</p>	<ul style="list-style-type: none"> • Information about other avenues for complaint is included to support complainants if they are not satisfied with the service provider’s action. For example, the complaints procedure of the commissioning authority, the Public Service Ombudsman for Wales and, in the case of children, the Children’s Commissioner for Wales. • Individuals are able to make their complaint in writing or verbally to staff and these should be acknowledged unless anonymous. • Staff are aware of the complaints policy and understand how to respond appropriately to complaints. • The service provider ensures that any representation or complaint is confirmed, addressed promptly and the complainant is kept informed of progress. • Consent and confidentiality must be maintained during the complaints process unless there are professional or statutory obligations which make this necessary, such as safeguarding. • Individuals do not suffer discrimination, disadvantage, withdrawal or reduction of a service because of making representations or complaints. • Systems are in place to make sure that all complaints are investigated immediately. This includes the following: <ul style="list-style-type: none"> ○ undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include the regulators or local authority safeguarding teams. ○ where areas for improvement or service failures are identified these are acted upon immediately. • Staff and others involved in investigation of complaints have the right level of knowledge and skill. They should understand the service provider's
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	<p>complaints process and be knowledgeable about any current related guidance.</p> <ul style="list-style-type: none">• Records of complaints are maintained and monitored to identify trends and areas of risk which may require action.• Actions taken as a response are reported on within governance arrangements.
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Regulation 61	Guidance
<p>Whistleblowing</p> <p>61. (1) The service provider must have arrangements in place to ensure that all persons working at the service (including any person allowed to work as a volunteer) are able to raise concerns about matters that may adversely affect the health, safety or well-being of individuals for whom the service is provided.</p> <p>(2) These arrangements must include—</p> <p>(a) having a whistleblowing policy in place and acting in accordance with that policy, and</p> <p>(b) establishing arrangements to enable and support people working at the service to raise such concerns;</p> <p>(3) The provider must ensure that the arrangements required under this regulation are operated effectively.</p> <p>(4) When a concern is raised, the service provider must ensure that—</p> <p>(a) the concern is investigated;</p> <p>(b) appropriate steps are taken following an investigation;</p> <p>(c) a record is kept of both the above.</p>	<ul style="list-style-type: none"> • There is a whistleblowing policy and procedures in place. This includes: <ul style="list-style-type: none"> ○ the procedure for raising a concern; ○ the safeguards in place for staff who raise a concern; and ○ how concerns will be investigated. • Staffs are aware of and have had training in how to raise concerns and there are mechanisms and support available to enable them to do this. • Consent and confidentiality are maintained during the investigation process unless there are professional or statutory obligations that make this necessary, such as safeguarding. • Individuals do not suffer discrimination or disadvantage as a result of making their concerns known. • All allegations and incidents of abuse are followed up promptly in line with the service provider’s safeguarding policy and procedures and local safeguarding arrangements. • Systems are in place to make sure that all concerns are considered without delay in line with the service provider’s safeguarding policy and procedures. This includes: <ul style="list-style-type: none"> ○ undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include seeking advice from regulators or local authority safeguarding staff. ○ where areas for improvement or service failures are identified these are acted upon without delay. ○ staff and others involved investigation of concerns must have the

	<p>right level of knowledge and skill. They should understand the safeguarding and responding to concerns processes.</p> <ul style="list-style-type: none">• Records of concerns are maintained and monitored to identify trends and areas of risk which may require action. Actions taken as a response are reported on within governance arrangements.
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Chapter 2: Requirements on Responsible Individuals (Parts 15 to 19 of the Regulations)

The intent of Parts 15 to 19 of the Regulations is to ensure that a designated person at an appropriately senior level holds accountability, for both service quality and compliance. The Regulations place specific requirements upon the responsible individual (RI) and will enable the regulator to take action not only against the service provider but also against the RI in the event that regulatory requirements are breached.

The responsible individual is responsible for **overseeing** management of the service and for providing assurance that the service is safe, well run and complies with regulations. The responsible individual is responsible for ensuring the service has a manager, sufficient resources and support. The responsible individual is not responsible for the day to day management of the service (unless they are also the manager); this rests with the manager.

2.1 Requirements on responsible individuals for ensuring effective management of the service (Part 15)

Regulation 62	Guidance
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Supervision of management of the service

62. The responsible individual must supervise the management of the service, which includes taking the steps described in regulations [63], [68] and [69].

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

Regulation 63	Guidance
<p>Duty to appoint a manager</p> <p>63.—(1) The responsible individual must appoint a person to manage the service. But this requirement does not apply if paragraph (2) applies.</p> <p>(2) This paragraph applies if the following conditions are met—</p> <ul style="list-style-type: none"> (a) the service provider is an individual; (b) the service provider proposes to manage the service; (c) the service provider is fit to manage the service; (d) the service provider is registered as a social care manager with Social Care Wales; and (e) the service regulator agrees to the service provider managing the service. <p>(3) For the purposes of paragraph (2)(c), the service provider is not fit to manage the service unless the requirements of regulation 34(2) (fitness of staff) are met in respect of the service provider.</p> <p>(4) The duty in paragraph (1) is not discharged if the person appointed to manage the service is absent for a period of more than three months.</p>	<ul style="list-style-type: none"> • The responsible individual ensures a manager is appointed and in place to manage the delivery of the service on a day to day basis for each place at, from or in relation to which services are provided. • The responsible individual demonstrates the appointment of the manager has been undertaken with due diligence and in line with the requirements of the section 27 staffing regulations. • Where a manager is absent for a period more than three months, the service provider ensures there is an appropriately qualified, experienced and competent manager, registered with Social Care Wales in place to manage the service.

Regulation 64	Guidance
<p>Fitness requirements for appointment of manager</p> <p>64.—(1) The responsible individual must not appoint a person to manage the service unless that person is fit to do so.</p> <p>(2) For the purposes of paragraph (1), a person is not fit to manage the service unless the requirements of regulation 34(2) (fitness of staff) are met in respect of that person.</p>	<ul style="list-style-type: none"> • The responsible individual ensures the manager is fit and is capable of running the service in line with its statement of purpose, aims and objectives. • This includes ensuring: <ul style="list-style-type: none"> ○ the manager is appropriately qualified; ○ the manager is registered with Social Care Wales; ○ the manager is experienced in managing care services and in the provision of the type of care being provided; ○ the vetting of prospective managers includes the relevant checks required by regulations to enable the responsible individual to be confident that the person is fit and able to work with vulnerable individuals.

Regulation 65	Guidance
<p>Restrictions on appointing manager for more than one service</p> <p>65.—(1) The responsible individual must not appoint a person to manage more than one service, unless paragraph (2) applies.</p> <p>(2) This paragraph applies if—</p> <p>(a) the service provider has applied to the service regulator for permission to appoint a manager for more than one service, and</p> <p>(b) the service regulator is satisfied that the proposed</p>	<ul style="list-style-type: none"> • In some circumstances a manager may be appointed to manage more than one service. This will be an exception and must be agreed in advance with the service regulator. The service regulator must be satisfied that: <ul style="list-style-type: none"> ○ there will be no adverse impact on the health, well-being or personal outcomes for individuals using the service; and ○ the arrangement will provide reliable and effective oversight of each service.

<p>management arrangements —</p> <ul style="list-style-type: none"> (i) will not have an adverse impact on the health or well-being of individuals, and (ii) will provide reliable and effective oversight of each service. 	
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Regulation 66	Guidance
<p>Duty to report the appointment of manager to service provider</p> <p>66. On the appointment of a manager in accordance with regulation [63](1), the responsible individual must give notice to the service provider of—</p> <ul style="list-style-type: none"> (a) the name of the person appointed, and (b) the date on which the appointment is to take effect. 	<ul style="list-style-type: none"> • The responsible individual will have an agreed system in place to: <ul style="list-style-type: none"> ○ inform the service provider of details of the appointment; ○ provide information concerning the individual specified by these regulations; and ○ notify the service regulator and Social Care Wales when a new manager is appointed.

Regulation 67
<p>Duty to report appointment of manager to the workforce and service regulators</p> <p>67. (1) On the appointment of a manager in accordance with regulation [63](1), the responsible individual must give notice to the workforce and service regulators of—</p> <ul style="list-style-type: none"> (a) the name, date of birth and Social Care Wales registration number of the person appointed, and (b) the date on which the appointment is to take effect.

- (2) In a case where the service provider is an individual and the service regulator has agreed to the service provider managing the service, the service provider must give notice to the workforce regulator of—
- (a) the name, date of birth and Social Care Wales registration number of the service provider, and
 - (b) the date from which the service provider is to manage the service.

Regulation 68	Guidance
<p>Arrangements when manager is absent</p> <p>68. (1) The responsible individual must put arrangements in place to ensure that the service is managed effectively at any time when there is no manager or when the manager is not present at the service.</p> <p>(2) If there is no manager or the manager is not present at the service for a period of more than 28 days, the responsible individual must—</p> <p>(a) notify the service provider and the service regulator, and</p> <p>(b) inform them of the arrangements which have been put in place for the effective management of the service.</p>	<ul style="list-style-type: none"> • The responsible individual has structures in place which ensure that where the manager is not available or absent for any reason there is an effective and competent deputising system to provide leadership on a day-to-day basis which: <ul style="list-style-type: none"> ○ continues to support individuals to achieve their personal outcomes; ○ maintains the safety, quality and effectiveness of the service; ○ ensures minimal disruption to individuals receiving the service; and ○ ensures compliance with regulations. • Where the registered manager is unavailable or absent for any reason for more than 28 days the responsible individual will inform the service regulator in writing and without delay of the reason for the absence and the arrangements for cover.

Regulation 69	Guidance
<p>Visits</p> <p>69—(1) In the case of care home services, secure accommodation services and residential family centre services, the responsible individual must—</p> <p>(a) visit each place in respect of which the responsible individual is designated, and</p> <p>(b) meet with staff and individuals at each such place.</p>	<ul style="list-style-type: none"> • The responsible individual undertakes monitoring visits to the services in person which includes the following: <ul style="list-style-type: none"> ○ Talking to, with consent and in private, individuals using the service and their representatives (if applicable) and staff. For domiciliary support services, this may include visiting individuals in their own home. ○ Inspecting the premises, selection of records of events and any complaints records.

(2) In the case of any other regulated services, the responsible individual must—

(a) meet with members of staff who are employed to provide a regulated service at, from or in relation to each place in respect of which the responsible individual is designated, and

(b) meet with individuals for whom a regulated service is being provided at, from or in relation to each such place.

(3) The frequency of such visits and meetings is to be determined by the responsible individual having regard to the statement of purpose but must be at least monthly.

- The purpose of this activity is to monitor the performance of the service in relation to its statement of purpose and to inform the oversight and quality review completed by the responsible individual.

2.2 Requirements on responsible individuals for ensuring effective oversight of the service (Part 16)

Regulation 70	Guidance
<p>Oversight of adequacy of resources</p> <p>70.—(1) The responsible individual must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements on service providers in Parts 3 to 14 of these Regulations.</p> <p>(2) Such reports must be made on a quarterly basis.</p> <p>(3) But this requirement does not apply where the service provider is an individual and the service regulator has agreed to the service provider managing the service in accordance with regulation [63](2).</p>	<ul style="list-style-type: none"> • The responsible individual has systems and processes in place that provide information about the service and any areas that may need closer observation/consideration and/or improvement. This may include, but not be limited to: <ul style="list-style-type: none"> ○ staff turnover; ○ staff sickness levels; ○ complaints; ○ safeguarding issues; ○ inspection reports by the service regulator, ○ inspection outcomes and or reports from Health and Safety Executive(HSE), Food Standards Agency (FSA) and fire service. • This system enables the responsible individual to alert the service provider urgently if required where the service is: <ul style="list-style-type: none"> ○ not complying with polices and procedures; ○ failing or unable to meet or address issues raised in inspection reports; and ○ providing a service not included in the statement of purpose.

Regulation 71	Guidance
<p>Other reports to the service provider</p> <p>71. (1) The responsible individual must, without delay, report</p>	<ul style="list-style-type: none"> • The responsible individual ensures that the audit systems and processes for monitoring enable them to be confident that the service provides high quality care, achieves the best possible outcomes for people and improves

<p>to the service provider—</p> <ul style="list-style-type: none"> (a) any concerns about the management or provision of the service; (b) any significant changes to the way the service is managed or provided. <p>(2) But this requirement does not apply where the service provider is an individual and the service regulator has agreed to the service provider managing the service in accordance with regulation [63](2).</p>	<p>individual's well-being.</p> <ul style="list-style-type: none"> • The responsible individual has systems and processes in place to assess, monitor and improve the quality and safety of the service. This will include for example audits, surveys and discussion. • The responsible individual promotes and values involvement from individuals using the service and actively encourages them to share their views and experiences by: <ul style="list-style-type: none"> ○ having systems and processes in place to enable them to provide feedback about their views and experiences of the service and suggestions for improvement and ○ actively seeking the views of individuals who use the service, and/or their representatives, staff, visiting professionals and commissioners, about their experience of the care and support provided. • The systems and processes should be continually reviewed to make sure they enable the responsible individual to identify where quality and/or safety of services are being, or may be, compromised and to respond appropriately and without delay. • All feedback is listened to, recorded and responded to as appropriate. • Areas of learning from complaints, safeguarding and whistle blowing are shared with staff to improve the service and to encourage safe and compassionate care and support practices. • Information is analysed and recommendations made to the service provider of how/where the quality and safety of the service can be improved. • The responsible individual develops and maintains relationships and is accessible to people outside the service. This may include but is not limited
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	<p>to:</p> <ul style="list-style-type: none">○ families;○ commissioners;○ regulators;○ professional bodies. <ul style="list-style-type: none">● The responsible individual prepares and submits reports for the service provider that accurately reflect ongoing practice/events/occurrences.
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Regulation 72

Engagement with individuals and others

72.—(1) The responsible individual must make arrangements for obtaining the views of—

- (a) the individuals who are receiving care and support,
- (b) any representatives of those individuals,
- (c) in the case of a child who is provided with accommodation, the placing authority,
- (d) service commissioners, and
- (e) staff employed at the service,

on the quality of care and support provided and how this can be improved.

(2) The responsible individual must report the views obtained to the service provider so that these views can be taken into account by the service provider when making any decisions on plans for improvement of the quality of care and support provided by the service.

2.3 Requirements on responsible individuals for ensuring the compliance of the service (Part 17)

Regulation 73	Guidance
<p>Duty to ensure there are systems in place to record incidents and complaints</p> <p>73. The responsible individual must ensure that there are effective systems in place to record incidents, complaints and matters on which notifications must be made in accordance with regulations [56] and [80].</p>	<ul style="list-style-type: none"> • The responsible individual ensures there are suitable arrangements in place for the recording of the matters set out in regulations 56 and 80. • The responsible individual has systems and processes in place to ensure that any records made are kept, legible and accurate.
Regulation 74	Guidance

<p>Duty to ensure there are systems in place for keeping of records</p> <p>74. The responsible individual must ensure that there are effective systems in place in relation to the keeping of records, which include systems for ensuring the accuracy and completeness of records which are required to be kept by regulation [55].</p>	<ul style="list-style-type: none"> • Access to electronic records is secure and staff have individual access codes which enables a clear audit trail of individuals who make entries and amendments.
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Regulation 75	Guidance
<p>Duty to ensure policies and procedures are up to date</p> <p>75. The responsible individual must put arrangements in place to ensure that the service provider's policies and procedures are kept up to date, having regard to the statement of purpose.</p>	<ul style="list-style-type: none"> • Policies and procedures must be available to staff and on request to the individuals who use the service, their representatives and where appropriate relevant placing authorities and commissioners. • Policies and procedures are in appropriate format and support is provided to assist individuals' understanding of these. • Policies and procedures are aligned to any current legislation and national guidance. • Policies, procedures and practices are reviewed and updated in light of changes to practice, changing legislation and best practice recommendations and at least annually. • Staff and individuals using the service have the opportunity to be involved in developing policies and procedures.

	<ul style="list-style-type: none">• Where changes are made to the statement of purpose the policies and procedures are reviewed and updated to reflect the changes.• The responsible individual ensures arrangements are in place which ensure staff have access to, knowledge and understanding of the policies and procedures which support them in their role in achieving the best possible outcomes for individuals.
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2.4 Requirements responsible individuals for monitoring, reviewing and improving the quality of the regulated service (Part 18)

Regulation 76	Guidance
<p>Quality of care review</p> <p>76.—(1) The responsible individual must make suitable arrangements to establish and maintain a system for monitoring, reviewing and improving the quality of care and support provided by the service.</p> <p>(2) The system established under paragraph (1) must make provision for the quality of care and support to be reviewed as often as required but at least every six months.</p> <p>(3) As part of any review undertaken, the responsible individual must make arrangements for—</p> <p style="margin-left: 20px;">(a) considering the outcome of the engagement with individuals and others, as required by regulation [72];</p> <p style="margin-left: 20px;">(b) analysing the aggregated data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints;</p> <p style="margin-left: 20px;">(c) reviewing any action taken in relation to complaints;</p> <p style="margin-left: 20px;">(d) considering the outcome of any audit of the accuracy and completeness of records.</p> <p>(4) On completion of a review of the quality of care and support in accordance with this regulation, the responsible individual must prepare a report to the service provider which must</p>	<ul style="list-style-type: none"> • The responsible individual has systems and processes in place to assess, monitor and improve the quality and safety of the service. This includes but is not limited to: <ul style="list-style-type: none"> ○ the collation and analysis of feedback from individuals using the service and their representatives; ○ issues and lessons learned in the analysis of complaints, safeguarding matters: ○ patterns, trends identified through the analysis of incidents e.g. falls, medication errors; ○ the outcome of any inspection reports from regulators; and ○ the outcome of responsible individual’s monitoring visits and audits of records. • The responsible individual ensures that the audit systems and processes for monitoring enable them to feel confident that the service provides high quality care, achieves the best possible outcomes for individuals and improves their well-being. • The systems and processes should be continually reviewed to make sure they enable the responsible individual to identify where quality and/or safety of services is being, or may be, compromised and to respond appropriately and without delay. • All feedback is listened to, recorded and responded to as appropriate. • Areas of learning from complaints, safeguarding and whistle blowing are shared with staff to improve the service and encourage safe,

<p>include—</p> <ul style="list-style-type: none">(a) an assessment of the standard of care and support provided, and(b) recommendations for the improvement of the service. <p>(5) But the requirement in paragraph (4) does not apply where the service provider is an individual and the service regulator has agreed to the service provider managing the service in accordance with regulation [63](2).</p>	<p>compassionate care practices.</p> <ul style="list-style-type: none">• Information is analysed and recommendations made to the service provider of how/where the quality and safety of the service can be improved. This report will inform or form part of the statement of compliance with regulations to be included in the service provider's annual return.
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Regulation 77	Guidance
<p>Statement of compliance with the requirements as to standards of care and support</p> <p>77.—(1) The responsible individual must prepare the statement required to be included in the annual return under section 10(2)(b) of the Act, in so far as it relates to the place or places in respect of which the responsible individual has been designated.</p> <p>(2) When preparing the statement, the responsible individual must have regard to the assessment of the standard of care and support which is contained in a report prepared in accordance with regulation [76](4).</p>	<ul style="list-style-type: none"> • The responsible individual prepares and is accountable for the quality and accuracy of the information provided in the statement of compliance and service provider’s annual return.

2.5 Other requirements on responsible individuals (Part 19)

Regulation 78	Guidance
<p>Support for staff raising concerns</p> <p>78. The responsible individual must ensure that the provider’s whistleblowing policy is being complied with and that the arrangements to enable and support people working at the service to raise such concerns are being operated effectively</p>	<ul style="list-style-type: none"> • The responsible individual ensures that: <ul style="list-style-type: none"> ○ staff are aware of and understand the whistleblowing policy; ○ staff understand there is zero tolerance to poor care or lack of concern for the well-being of individuals and that they are encouraged and supported to report issues; and ○ staff understand concerns are welcomed and sought out, and are not ignored.

Regulation 79	Guidance
<p>Duty of candour</p> <p>79. The responsible individual must act in an open and transparent way with—</p> <ul style="list-style-type: none"> (a) individuals who are receiving care and support; (b) any representatives of those individuals; (c) in the case of a child who is provided with accommodation, the placing authority. 	<ul style="list-style-type: none"> • The responsible individual ensures staff are aware of and follow the policies and procedures in place to support a culture of openness and transparency. • The responsible promotes a culture that encourages candour, openness and honesty at all levels. In particular this includes: <ul style="list-style-type: none"> ○ being open, honest and engaging with individuals and their representatives when things go wrong; ○ providing individuals and their representatives with information about what has happened, the outcome of any investigations that have taken place; and ○ offering a apology for what has happened.

	<ul style="list-style-type: none"> The responsible individual takes action to tackle bullying, victimisation and/or harassment in relation to duty of candour, and investigate any instances where a member of staff may have obstructed another in exercising their duty of candour.
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Regulation 80	Guidance
<p>Notifications</p> <p>80—(1) The responsible individual must notify the service regulator of the events specified in Schedule 4</p> <p>(2) The notifications required by paragraph (1) must include details of the event.</p> <p>(3) Unless otherwise stated, notifications must be made without delay and in writing.</p> <p>(4) Notifications must be made in such manner and in such form as may be required by the service regulator.</p>	