

**Dyddiad:** Dydd Mercher 14 Ionawr 2004

**Lleoliad:** Ystafell Bwyllgora 3, Cynulliad Cenedlaethol Cymru

**Teitl:** Adolygiad o'r Safonau Gofynnol Cenedlaethol ar gyfer Cartrefi Gofal Bach i Bobl Hyn yng Nghymru

## **Diben**

1. Mae'r papur hwn yn rhoi cyfle i'r Pwyllgor ystyried y newidiadau yr wyf yn bwriadu eu gwneud i'r safonau gofynnol cenedlaethol ar gyfer cartrefi gofal i bobl hyn yng Nghymru, a hynny yn sgil ymgynghori â'r sector a rhanddeiliaid allweddol yn gynharach eleni. Mae Rheol Sefydlog 27 yn berthnasol i'r broses o wneud y newidiadau hyn.

## **Crynodeb**

2. Yn sgil ymgynghori ar gamau i ysgafnhau'r baich ar ddarparwyr bach, cynigiau newid y ffordd y mae 9 o'r 40 safon ofynnol genedlaethol yn berthnasol i gartrefi gofal ar gyfer pobl hyn sydd â 3 gwely neu lai. Rwyf hefyd yn bwriadu ymgynghori ar y posibilrwydd o ysgafnhau'r baich mewn 5 maes arall. Amlinellir y manylion o baragraff 6 ymlaen. O ran Cartrefi Gofal Bach ar gyfer Oedolion Iau, rwy'n bwriadu cyhoeddi dogfen ymgynghori yn gynnar yn y flwyddyn newydd (gweler paragraffau 9-10).

## **Cefndir**

3. Mae sector cartrefi bach Cymru (hy cartrefi gofal sydd â 3 gwely neu lai) yn darparu gwasanaeth pwysig i'w gleientiaid. Nid oes modd iddynt fyw'n annibynnol yn eu cartrefi eu hunain bellach, ond maent yn awyddus i gael gofal mewn awyrgylch sydd mor debyg i'w cartrefi eu hunain â phosibl. Pan gyflwynwyd y Safonau Gofynnol Cenedlaethol ar gyfer Cartrefi Gofal ym mis Ebrill 2002, nodwyd y gallai cartrefi gofal bach wynebu problemau wrth geisio ateb holl ofynion y fframwaith newydd, a hynny oherwydd natur eu busnesau a'r incwm cyfyngedig sy'n deillio oddi wrth nifer fechan o gleientiaid.

4. Yn sgil trafodaethau â Fforwm Gofal Cymru a chynrychiolwyr eraill y sector, cyhoeddodd Llywodraeth Cynulliad Cymru bapur ymgynghori ar 23 Ionawr 2003. Roedd y papur yn amlinellu

cynigion i ysgafnhau rhai o'r Safonau Gofynnol Cenedlaethol sy'n berthnasol i gartrefi gofal bach ar gyfer pobl hyn mewn nifer o ffyrdd penodol. Mae copi o'r ddogfen ymgynghori ar gael yn nogfen 1.

5. Daeth y cyfnod ymgynghori i ben ar 30 Ebrill 2003 a daeth 29 ymateb i law. Roedd nifer o'r ymatebion o blaid ysgafnhau'r gyfundrefn reoleiddio gyfredol mewn egwyddor. Er hyn, mynegwyd nifer o safbwyntiau gwahanol ynghylch y gofynion unigol a allai gael eu dileu. Yn ei ymateb, roedd yr Awdurdod Gweithredol Iechyd a Diogelwch yn pryderu ynghylch y ffordd y câi'r newidiadau hyn eu cyflwyno. Pe câi rhai gofynion penodol eu dileu, roedd am sicrhau ei bod yn amlwg nad oedd hyn yn esgusodi cartrefi gofal bach rhag bodloni gofynion perthnasol deddfwriaeth sylfaenol y DU ym maes iechyd a diogelwch a diogelwch bwyd. Ceir crynodeb o'r ymatebion yn nogfen 2.

## Y Cynigion

6. Yn sgil ystyried manylion yr ymatebion, cynigïaf yn awr ein bod yn ysgafnhau baich y safonau isod:

16 – Prydau ac Amserau Bwyd

18 – Arferion Gweithio Diogel

20 – Lefelau Staffio

34 – Cyfleusterau a Rennir

35 – Tai Bach a Chyfleusterau Ymolchi

36 – Addasiadau ac Offer

37 – Llety Unigol (Gofynion Lle)

38 – Llety Unigol (Celfi a Ffitiadau)

40 – Hylendid a Rheoli Heintiadau

7. Yn atodiad C, ceir copi o'r safonau gofynnol cenedlaethol sy'n dangos y newidiadau yr wyf yn eu cynnig. Yng ngoleuni'r ymatebion i'r ymgynghoriad ar y safonau tebyg ar gyfer Oedolion Iau, ynghyd â'r adolygiad ohonynt, rwy'n bwriadu gwahodd sylwadau ar gyfres arall o newidiadau yn ychwanegol at y rhai uchod. Yr wyf yn ystyried newidiadau i safon 12 (Cyfrinachedd), 17 (Meddyginiaeth), 24 (Goruchwylio'r Staff) ac, yn dibynnu ar sylwadau'r Awdurdod Gweithredol Iechyd a Diogelwch, safon 39 (Gwres, Golau a Dwr) a 40 (Hylendid a Rheoli Heintiadau). Rwy'n bwriadu cynnwys nodyn am y cynigion hyn yn y ddogfen ymgynghori ar Gartrefi Gofal Bach i Oedolion Iau.

## Y Camau Nesaf

8. Pan fydd y Pwyllgor wedi ystyried y safonau gofynnol cenedlaethol, rwy'n bwriadu cyhoeddi canlyniad yr ymgynghoriad. Gwnaed y safonau gofynnol cenedlaethol gwreiddiol yn unol â rheol sefydlog 27, sy'n gofyn i mi ystyried a ddylid craffu'n ffurfiol ar y newidiadau ac a ddylid eu trafod mewn dadl yng Nghyfarfod Llawn y Cynulliad. Mae'r safonau hyn yn amlinellu'r meini prawf sy'n galluogi Arolygiaeth Safonau Gofal Cymru i benderfynu a yw cartref gofal yn bodloni gofynion y

Rheoliadau. Nid wyf yn cynnig unrhyw newidiadau i'r Rheoliadau Cartrefi Gofal eu hunain. Yn dibynnu ar sylwadau'r Pwyllgor, credaf fod 27.2(iv) yn berthnasol i'r mater hwn, ac felly rwy'n cynnig gwneud y safonau diwygiedig o dan y weithdrefn hysbysu fyrrach a amlinellir yn 27.4. Rwyf wedi dod i'r casgliad hwn oherwydd na fydd y newidiadau ond yn effeithio ar gartrefi gofal bach ac nid ar y sector cartrefi gofal ehangach nac ar fwyafrif y safonau gofynnol cenedlaethol.

## **Cartrefi Bach ar gyfer Oedolion Iau**

9. Ni chafodd y safonau ar gyfer cartrefi bach i oedolion iau (hy pobl o dan 65 oed) eu cynnwys yn y cynigion ar gyfer pobl hyn, a hynny oherwydd eu bod yn berthnasol i gyfres arall o Rheoliadau a Safonau Cenedlaethol sy'n cynnwys nifer o nodweddion gwahanol ac unigryw. Rwy'n bwriadu cyhoeddi papur ymgynghori ar ysgafnhau'r baich ar gartrefi bach i oedolion iau yn y flwyddyn newydd.

10. Bydd rhai o'r newidiadau a gynigir ar gyfer cartrefi bach i oedolion iau yn gwahaniaethu oddi wrth y rheini a gynigiwyd ar gyfer cartrefi bach i bobl hyn, ond dylid ysgafnhau'r baich yn yr un ffordd mewn rhai meysydd. O gofio hyn, efallai y bydd yn rhaid ymgynghori ar newidiadau eraill i'r safonau ar gyfer pobl hyn ar yr un pryd (gweler paragraff 7).

## **Pwynt Gweithredu**

11. Gwahoddir y Pwyllgor i:

i) drafod y papur hwn a'r safonau gofynnol cenedlaethol diwygiedig drafft a newidiwyd yn sgil ystyried yr ymatebion i'r ymarfer ymgynghori yn fanwl;

ii) rhoi sylwadau ar fy nghynnig i fwrw ymlaen i wneud y safonau gofynnol cenedlaethol drafft yn unol â rheolau sefydlog 27.2(iv) a 27.4. Yn ôl ein cynlluniau ar hyn o bryd, byddai hyn yn ein galluogi i wneud y safonau diwygiedig o fis Chwefror 2004 ymlaen.

**Jane Hutt AC**

**Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol**

Cyswllt: Julie Grant, yr Is-adran Polisi Gofal Cymdeithasol, ffôn 029 2082 1089

**Nid yw'r atodiadau ar gael yn Gymraeg**

**CARE STANDARDS ACT 2000 : REGULATIONS AND NATIONAL MINIMUM STANDARDS**

**REVIEW OF STANDARDS AND REGULATIONS FOR SMALL CARE HOMES FOR OLDER PEOPLE IN WALES : CONSULTATION PAPER**

## **Purpose**

1. This consultation paper sets out the Welsh Assembly Government proposals for relaxation to the National Minimum Standards for small care homes for older people (ie care homes with 3 or fewer beds) and invites comments upon the desirability of altering certain administrative requirements of the Care Homes (Wales) Regulations in their application to small homes. It has been written following discussions with representatives of Care Forum Wales. Comments are sought by 30 April 2003. A final decision on the most appropriate way forward will be made once all comments have been considered.

## **Background**

2. The Minister for Health and Social Services made an announcement on 3 September 2002 about the application of National Minimum Standards in Wales. Part of that announcement said:

*"In Wales, we also have a substantial number of homes with 3 or fewer beds. I recognise that these homes are more akin to domestic settings. Before 1 April 2002 these small homes were not subject to consistent physical standards and providers may have more problems in meeting new requirements. I will therefore invite views on possible changes to physical and administrative requirements for these small homes to see if any relaxations can be sensibly introduced"*

3. The small homes sector in Wales accounted at 31st March 2001 for a total of 770 small homes with 2099 places. It is estimated that of these, 190 small homes and 500 places are for older people. The small homes sector in Wales is therefore about 5% of the total residential/Nursing care home beds in Wales. This sector provides an important service for clients who are no longer able to live independently in their own homes but nevertheless want to be care for in an environment that is as close as possible to home and in a domestic setting with perhaps 1 or 2 others at most. This sector does not meet the care needs of all, particularly where those needs are more intensive, but plays a vital role in offering choice of residential care, where support can be more tailored to their individual needs. Small homes are especially valuable in more remote and rural communities where care options can be more limited by geography. These homes are often owned and run by individuals who provide care as part of their own family and do not frequently employ full time staff. This means that the scale and nature of the care setting is more domestic in nature and rather different from a large residential or nursing care home.

## **The Case for Change**

4. Prior to April 2002 small homes were inspected against varying local standards and approaches. With the introduction of Care Standards Inspectorate for Wales as the single regulator of social care for Wales and a common set of regulations and standards introduced for the first time, the expectations on small home providers has increased substantially. Early experience suggests that there may be problems for the small homes sector to meet the full rigour of the new framework given the nature of their businesses and limited incomes from only a few clients. There is no intention that the regulation regime should force out good care homes including those who provide care in small more domestic-like settings. We

believe that without compromising the needs and protection of services users, it should be possible to relax some of the provisions set out in National Standards which may be less appropriate to apply to small homes with three or less beds rather than to larger homes.

## **Aims**

5. The aims of our proposals for change to the National Standards for Small Care Homes are to :

- Introduce a regulatory regime for small care homes that protects residents and the quality of care they receive but also provides for a sensible and flexible approach to physical and administrative standards that take account of the overall compliance of individual homes with the regulatory requirements, taking account of the needs of both residents and providers.

## **Specific Proposals for Change**

6. The National Minimum Standards must be taken into account by those responsible for administering the regulatory regime. The Assembly Government proposes to make the following changes to the National Minimum Standards as they apply to small care homes (3 or fewer beds). In each case the general outcome for residents **will remain** but certain of the detailed provision specified for the following standards **will not** (see Annex A for full details).

7. The Care Homes (Wales) Regulations 2002 must be met by all care homes. Additionally we would welcome any comments or proposals for change in respect of the Care Home (Wales) Regulations 2002, as they relate to small care homes, in particular as they impose requirements in relation to the contents of statements of purpose, the records to be maintained in respect of service users and other record keeping requirements.

## **Physical Standards**

- room sizes
- door widths
- requirements for additional toilets and bathrooms
- requirement for separate laundry facility
- outdoor space requirements
- furniture and equipment in rooms

## **Training**

- training requirements
- staff appraisals

## **Records**

- menu plans

## **Policies**

- infection control

## **Inspection**

- Pre inspection questionnaires

## **Protecting Residents Interests**

7. It is essential that in looking for relaxations to standards for small care homes, we do not compromise the care needs and interests of vulnerable residents. The quality of care provided is of paramount importance. The Regulations and National Standards include a range of checks and balances to ensure that residents receive high quality care and to prevent abuse by providers or their employees. These are set out at a general level in relation to policies, systems and procedures as well as more specific requirements eg finances, medication, health and safety etc. Where proposals for changes are made we have taken into account related provisions such as the general regulatory requirements that will still apply. In each case, the relaxation has been proposed on the basis that it is not relevant or appropriate to a domestic setting and that residents are protected by the general regulatory requirements (see Annex B).

## **Interim Arrangements for Inspection**

8. Until the outcome of the review of small homes is complete and any required actions are put in place, we cannot disregard any provisions of the regulations or of the Act itself. The statutory framework will therefore remain in place. For all of the areas where changes are proposed, inspectors will consider whether, despite a failure to meet standards, regulatory requirements are still satisfied. A set procedure has been drafted that inspectors are required to follow which highlights a number of issues for consideration and offers guidance on the interpretation of some of the physical standards. In all cases the well being of the service user has to be of paramount importance and there must be evidence that this is not compromised. A number of the NMS for both older and younger adults are fundamental to the health, well-being and safety of service users and these must be adhered to in all cases. Any failure to meet National Minimum Standards in the interim will be logged on a central register so that decisions can be shared throughout the CSIW regional offices.

## **Standards for Younger Adults**

9. This consultation does not relate to the National Standards for Younger Adults. It is recognised that a number of issues raised here will also be relevant to small homes providing care for people under 65 years old but there are also some distinct differences between the National Standards for the 2 client

groups. This paper will therefore be used to initiate consultation with providers and users and their representatives in younger adult small home sector. That separate consultation exercise will be taken forward during 2003 to consider how standards and/or regulations for younger adults might be relaxed.

## Timetable

10. Following completion of this consultation, the comments made will be carefully analysed and considered before final proposals for changes to Standards and regulations are submitted to the Assembly Minister in May 2003. Formal processes will then need to be completed involving the Assembly as a whole before any new regime for regulation of small homes is commenced (by September 2003 at the earliest). Regional Offices of CSIW will be able to advise on detailed arrangements for Inspection of revised requirements closer to their introduction.

## Conclusion

11. Small homes play a vital role in the overall context of the care sector in Wales and their continued viability and development is important. These proposals for change attempt to strike an appropriate balance between robust and effective regulation, residents interests and sensible arrangements that do not create unnecessary requirements or bureaucracy for providers of small homes. It is important that we receive comments from all those who have an interest in this issue.

Comments on this consultation paper should be sent to Lynda Carroll, Social Care Policy Division 4, Welsh Assembly Government, Cathays Park, Cardiff, CF13 3NQ by 30 April 2003 or e mail to [Lynda.Carroll@Wales.gsi.gov.uk](mailto:Lynda.Carroll@Wales.gsi.gov.uk)

## **RESPONSE TO THE CONSULTATION PAPER ON: REVIEW OF STANDARDS AND REGULATIONS FOR SMALL CARE HOMES FOR OLDER PEOPLE IN WALES (REF NAFWC 10/2003)**

1. Twenty-nine individuals or organisations responded to the consultation exercise. A **majority of respondents was in favour** of relaxing the current regulatory regime for smaller homes for older people – or at least agreed that it was important to take steps to safeguard the availability of such provision by ensuring that the **costs of compliance** would not make small businesses unviable. When it came to consideration of the individual requirements which could be removed, however, there was not unanimity on the removal of many of them and there was strong disagreement with our proposals to remove a number of the requirements. Most respondents reiterated the importance of making certain that older people receive **safe, good quality services**.

2. The Health and Safety Executive raised a potential problem with a majority of the proposals. Their concern was that removing these requirements might have the effect of exempting small care homes from the relevant **requirements of primary UK health and safety and food safety legislation** – and therefore may not be lawful.

### 3. General points made by respondents included:

- "Small home" doesn't mean solely domestic settings within a family
- Rather than relaxing Standards, perhaps compliance with existing requirements could be measured more flexibly or better support could be provided to help small homes to comply
- Wording of the Standards could be revised, rather than chunks deleted
- "Customer satisfaction" is perhaps more important than just meeting requirements on paper
- Small homes need to be equipped to deal appropriately with residents' particular needs (including disabilities, for example)
- The option of residential care in a small home, with a domestic flavour, in an older person's home community should be safeguarded
- If Standards are relaxed, a rigorous system audit will be needed to ensure Outcomes are met
- Achieving high standards of care needs to be balanced with costs and the potential closure of older people's homes if they are no longer viable businesses
- Residents of smaller homes should not be disadvantaged by their location by being exposed to a greater level of hazard or a poorer level of service
- Small homes in rural areas can provide a way of older people remaining in their home community
- Welsh-speaking residents should be able to use their mother tongue
- Further Standards could be relaxed: part of Standard 17 and Standard 26.2

### Response to proposals to disapply parts of some Standards

Standard	Content	Response
34	Shared facilities	Mostly accept, though good points made in favour of retention
35	Lavatories and washing facilities	A number wish to see various of the provisions retained, for hygiene, privacy, dignity and equality
36	Adaptations and equipment	Many prefer to retain, for safety, dignity and independence
37	Individual accommodation – space	Opinion divided. Risks to staff safety if 37.6 is dropped
38	Individual accommodation – furniture and fittings	Many prefer to retain, as basic right for residents and for safety of staff doing manual handling



20	Staffing levels and rotas	Many wish to retain rotas to demonstrate appropriate staffing levels; and retain staffing levels, perhaps redrafted
24	Staff supervision	Strong rejection of disapplication, to ensure the safety of residents; possibility of modifying requirements instead
21	Formal training and qualifications	Strong rejection of disapplication, to ensure that people providing care are appropriately skilled and trained, and for workforce development  Needs and rights of users of the Welsh language
23	Induction and appraisal	Unanimous call to retain these requirements either as they are or in modified form, to reflect the circumstances of small homes  Opinion divided on the need to specify a minimum number of training days
16	Written menus	Mostly accept, though a varied menu remains important
18	Safe working practices	Strong rejection of disapplication, to ensure health and safety of residents and staff; at least a basic competence in handling accidents and health emergencies needed (perhaps through redrafting the Standard for this context)  Health and Safety legislation also needs to be taken into account
40	Hygiene and the control of infection	Some wish to retain these requirements because hygiene and the control of infection are fundamental principles. Others are content to see it redrafted less strictly
	Pre- inspection questionnaires	No comments received

Comments were also invited on the Care Homes (Wales) Regulations 2002. There was little support for

the removal of any of these requirements. Some respondents made suggestions for additional items to be included!

**DRAFT REVISED**

**NATIONAL MINIMUM STANDARDS**

**FOR**

**CARE HOMES FOR OLDER PEOPLE**

# **DRAFT DATE – 19<sup>TH</sup> DECEMBER 2003**

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## **INTRODUCTION**

### **Aims**

1. This document sets out National Minimum Standards for Care Homes for Older People issued by the Welsh Assembly Government under section 23 of the Care Standards Act 2000 (CSA). These standards will be used by the Assembly's Care Standards Inspectorate for Wales (CSIW) when determining whether these care homes are providing adequate care, meeting the needs of the persons who live there

and otherwise being carried on in accordance with regulatory requirements. The Welsh Assembly Government will keep the standards under review, and may publish amended standards as appropriate.

2. The regulatory requirements are set out in the Care Homes (Wales) Regulations 2002 ('the Regulations') and under the CSA. Decisions of CSIW must be justified by reference to these regulatory requirements; and when making decisions CSIW must take these standards into account. Other agencies involved in the regulatory scheme, such as the relevant Tribunal, and the Courts, must also take the standards into account when making decisions under the CSA. For example, regulation 16(2)(i) of the Regulations says "the registered person shall having regard to the size of the care home and the number and needs of service users provide, in adequate quantities, wholesome and nutritious food...". When considering whether or not this requirement is met CSIW will take into account standard 16.2 which is part of standard 16 about meals and meal times. This says that each service user should be offered three full meals a day (at least two of which must be cooked). If, say, only one cooked meal a day was offered CSIW may conclude regulation 16(2)(i) is not being met and take appropriate enforcement action.

3. The National Minimum Standards are core requirements, which are applicable to all establishments providing accommodation together with personal or nursing care for older people, which are not excepted by the CSA or the regulations. While broad in scope, these Standards acknowledge the unique and complex needs of individuals, and the additional specific knowledge, skills and facilities required in order for a care home to deliver an individually tailored and comprehensive service. The Standards are applicable, in tandem with the regulations, to care homes that were registered as residential care or nursing homes under the Registered Homes Act 1984, and to all new facilities requiring registration as care homes. They are also applicable to local authority care homes and to other establishments currently exempted under the Registered Homes Act 1984, for example, Charter Homes.

## Regulatory Context

4. These standards are published in accordance with section 23 of the CSA by the Minister for Health and Social Services of the Welsh Assembly Government. They will apply from 22<sup>nd</sup> April, as the provisions of the Regulations apply, unless otherwise stated.

5. The CSA reforms the regulatory system for care services in England and Wales. It replaces the Registered Homes Act 1984, and associated regulations, which are to be repealed, subject to transitional arrangements, from 1 April 2002. The CSA establishes the National Assembly for Wales as the social care and independent healthcare registration authority for Wales. For the time being these functions are discharged through its division known as the Care Standards Inspectorate for Wales (CSIW). The CSIW will take over the registration of social and health care services previously registered with local councils and health authorities. In addition, the CSA provides for the scope of registration to be extended to other services not currently registered, such as domiciliary care agencies, fostering agencies and residential family centres.

6. The Act confers a broad range of regulation making powers upon the National Assembly in relation to

Wales covering, among other matters, the management, staff, premises and conduct of social and healthcare establishments and agencies. Section 23 confers powers upon the National Assembly for Wales to publish statements of National Minimum Standards applicable to care homes that the CSIW and other must take into account when making decisions (as described in paragraph 2). These standards will, where applicable, often form the basis for judgements made by the CSIW regarding applications for registration, the imposition of conditions upon registration, variation of any conditions and enforcement of compliance with the CSA, including decisions about cancellation or prosecution.

7. The CSIW will therefore consider the degree to which a regulated service complies with the relevant standards when determining, for the purposes of its registration functions, if a provision of the regulations has been breached. Any decision made by CSIW in the exercise of its registration functions may be appealed to an independent tribunal.

### Structure and approach

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

- choice of service
- planning for individual needs and preferences
- quality of life
- quality of care and treatment
- staffing
- conduct and management of the service
- concerns, complaints and protection
- physical environment.

Each standard deals with a particular aspect of a care home and is preceded by a statement of the outcome for service users intended to be achieved by the care home. The regulations and standards have been designed to promote the achievement of that outcome.

The 'standard' dealing with a particular aspect of a care home is actually made up of a set of standards which are the numbered paragraphs beneath the 'outcome' box. Each of these numbered paragraphs should, for the purposes of the CSA, be treated as a separate standard under section 23 CSA.

In some instances, to ease comprehension, the standards repeat the requirements of the regulations. This should not be taken to mean that the particular regulatory requirement is altered in nature – the provisions of the regulations must still all be met by the registered person.

9. While the Standards are qualitative – they provide a tool for judging the quality of life of service users

– they are also measurable. Regulators will look for evidence that the requirements are being met and a good quality of life enjoyed by service users through:

- discussions with service users, families and friends, staff and managers, and others
- observation of daily life in the home, and
- scrutiny of written policies, procedures, and records.

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

These standards have been prepared in response to extensive consultation and are realistic, proportionate, fair and transparent. They provide minimum standards, ensure the protection of service users and safeguard and promote the health, welfare and quality of life of residents.

## Revisions

[Text outlining changes to be included]

## INTERPRETATION

In this statement-

‘CSA’ means the Care Standards Act 2000;

‘CSIW’ means the Care Standards Inspectorate for Wales;

‘registered person’ means a registered provider or registered manager;

‘the manager’ means

(i) where the person carrying on the home is not also the manager, the registered manager;

(ii) where the person carrying on the home is also the manager, that person.

‘the Regulations’ means the Care Homes (Wales) Regulations 2002;

unless the contrary intention appears, a reference to a regulation is to a regulation of the Care Homes (Wales) Regulations 2002.

## **SECTION ONE: CHOICE OF HOME**

### **STANDARD 1: INFORMATION**

#### **OUTCOME:**

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

#### **STANDARD:**

1.1 The registered person produces and makes available to service users upon request an up-to-date statement of purpose setting out its aims, objectives, philosophy of care, services and facilities, its terms and conditions; and produces a service user's guide to the home for current and prospective residents.

1.2 The service user's guide is written in plain language and made available in a format suitable for the intended resident.

1.3 The service user's guide includes:

- a brief description of the accommodation and services provided
- relevant qualifications and experience of the registered provider, manager and staff
- the number of places provided and any special needs and interests catered for
- a statement on whether service users can expect choice in the gender of those who provide their personal care
- the home's policy on pets
- a copy, or summary, of the most recent inspection report
- a copy of the complaints procedure
- a summary of the home's most recent care quality review report which shall indicate, wherever practicable, service user's views about the home.

1.4 Service users and their representatives are given information in writing in a relevant language and format about how to contact the local office of the Care Standards Inspectorate for Wales and local social services and health care authorities.



## **STANDARD 2: NEEDS ASSESSMENT**

### **OUTCOME:**

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

### **STANDARD:**

2.1 New service users are admitted only on the basis of a full assessment undertaken by people trained to do so, and to which the prospective service user, his/her representatives (if any), relevant professionals have been party.

2.2 For individuals referred through the care management arrangements, the registered manager obtains a summary of the care management (health and social services) assessment and a copy of the care plan produced for care management purposes.

2.3 For individuals who are self-funding and without a care management assessment/care plan, the registered person carries out, or procures the carrying out of, a needs assessment covering:

- personal care and physical well-being
- diet and weight, including dietary preferences
- sight, hearing and communication
- oral health
- foot care
- mobility and dexterity
- history of falls
- continence
- medication usage
- mental state and cognition
- social interests, hobbies, religious and cultural needs
- personal safety and risk
- carer and family involvement and other social contacts/ relationships.

2.4 Each service user has a plan of care for daily living, and longer term outcomes, based on the Care Management Assessment and Care Plan or on the home's own needs assessment (see Standard 6, Service User Plan).

2.5 The registered nursing input required by service users in homes providing nursing care

is determined by registered nurses using a recognised assessment tool.

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### **TANDARD 3: CAPACITY TO MEET NEEDS**

#### **OUTCOME:**

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

#### **STANDARD:**

3.1 The registered person is able to demonstrate the home's capacity to meet the assessed needs, including specialist needs, of individuals admitted to the home.

3.2 All specialised services offered (eg. services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities, learning disabilities, intermediate or respite care) are demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.

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

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

### **STANDARD 4: TRIAL VISITS**

#### **OUTCOME:**

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

#### **STANDARD:**

4.1 The registered person ensures that prospective service users are invited to visit the home and to move in on a trial basis, before they and/or their representatives make a

decision to stay; unplanned admissions are avoided wherever possible.

4.2 Prospective service users are invited to visit the home and offered a place on a trial basis, before making a long term commitment.

4.3 Prospective service users are given the opportunity for staff to meet them in their own homes or current situation if different.

4.4 When an emergency admission is made, the registered person undertakes to inform the service user within 48 hours about key aspects, rules and routines of the service, and to meet all other admission criteria set out within five working days.

## **STANDARD 5: CONTRACT**

### **OUTCOME:**

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

### **STANDARD:**

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

5.2 The statement of terms and conditions sets out:

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

5.3 The contract is signed by the service user (or named representative, if unable to do so) and the registered person.

## **SECTION TWO: PLANNING FOR INDIVIDUAL NEEDS AND PREFERENCES**

### **STANDARD 6: SERVICE USER PLAN**

#### **OUTCOME:**

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

#### **STANDARD:**

6.1 A service user plan of care is generated from a comprehensive assessment and drawn up with each service user; this provides the basis for the care to be delivered.

6.2 The service user's plan sets out in detail the action which needs to be taken by care staff to ensure that all aspects of the health, personal and social care needs of the service user are met.

6.3 The service user's plan meets relevant clinical guidelines produced by the relevant professional bodies concerned with the care of older people, and includes a risk assessment, with particular attention to prevention of falls.

6.4 The service user's plan is reviewed by care staff in the home at least once a month, updated to reflect changing needs and current objectives for health and personal care and actioned.

6.5 The plan is drawn up with the participation of the service user, recorded in a style accessible to the service user; agreed and signed by the service user whenever capable and/or representative (if any).

### **STANDARD 7: RECORD KEEPING**

#### **OUTCOME:**

Service users' rights and best interests are safeguarded by good record keeping.

#### **STANDARD:**

7.1 The home maintains the records required by the regulations; for the protection of service users and for the effective and efficient running of the business.

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

7.2 Individual records and home records are secure, up to date and in good order; and are constructed, maintained and used in accordance with the Data Protection Act 1998 and other legal requirements.

## **SECTION THREE: QUALITY OF LIFE**

### **STANDARD 8: AUTONOMY AND CHOICE**

#### **OUTCOME:**

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

#### **STANDARD:**

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

8.2 Service users handle their own financial affairs for as long as they wish to and as long as they are able to and have the capacity to do so.

8.3 Service users and their relatives and friends are assisted in contacting external agents (eg advocates) who will act in their interests.

8.4 Service users are entitled to bring personal possessions with them, the extent of which to be agreed prior to admission.

8.5 Access to personal records, in accordance with the Data Protection Act 1998, is facilitated for service users.

## **STANDARD 9: SOCIAL CONTACT AND OPPORTUNITIES**

### **OUTCOME:**

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

### **STANDARD:**

9.1 The opportunities made available and the routines of daily living are flexible and varied to suit service users' expectations, preferences and capacities.

**9.2 The registered person and staff can demonstrate a commitment to lifelong learning and development for each service user, based on their individual choices and linked to implementation of their individual care plan.**

9.3 Service users have the opportunity to exercise choice in relation to:

- leisure and social activities and cultural interests
- food, meals and mealtimes
- routines of daily living
- personal and social relationships
- religious observance.

9.4 Service users' interests are recorded and they are given opportunities for stimulation through leisure and recreational activities in and outside the home which suit their needs, preferences and capacities. Particular consideration is given to people with dementia and other cognitive impairments, those with visual, hearing or dual sensory impairments, and those with physical disabilities or learning disabilities.

9.5 Up to date information about activities is circulated to all service users in formats suited to their capacities.

## **STANDARD 10: COMMUNITY CONTACT**

### **OUTCOME:**

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

## **STANDARD:**

10.1 Service users are able to have visitors at any reasonable time and links with the local community are maintained and developed in line with service users' preferences.

10.2 Service users are able to receive visitors in private.

10.3 Service users are able to choose whom they see and do not see.

10.4 The registered person does not normally impose restrictions on visits except when requested to do so by service users, whose wishes are recorded. Consideration must be given to the wellbeing of the other residents. Where restrictions on the visits are made, they must be recorded.

10.5 Relatives, friends and representatives of service users are given written information about the home's policy on maintaining relatives and friends' involvement with their service user relatives at the time of moving into the home.

10.6 Involvement in the home by local community groups in line with service users' preferences is encouraged.

## **STANDARD 11: RIGHTS**

### **OUTCOME:**

Service users' legal and civic rights are respected and protected.

### **STANDARD:**

11.1 The registered person ensures that service users have their legal and civic rights protected, are enabled to exercise their legal rights directly and participate in the civic process if they wish.

11.2 Where service users lack capacity, the registered person facilitates access to advocacy services.

11.3 Service users' rights to participate in all aspects of the political process are respected, upheld, and are facilitated when necessary.

## **STANDARD 12: CONFIDENTIALITY**

### **OUTCOME:**

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

### **STANDARD:**

12.1 The registered person ensures that staff respect information given by service users in confidence, and handle information about service users in accordance with the home's written policies and procedures and the Data Protection Act 1998 and in the best interests of the service users.

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

12.3 Service users' individual records are accurate, secure and confidential.

12.4 Staff know when information given to them in confidence must be shared with a senior staff member.

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

## **SECTION FOUR: QUALITY OF CARE AND TREATMENT**

### **STANDARD 13: INTERMEDIATE CARE**

#### **OUTCOME:**

Service users assessed and admitted solely for intermediate care are helped to maximise their independence and return home. Other service users are not disadvantaged by the use of the home for



intermediate care.

**STANDARD:**

13.1 Where service users are only admitted for intermediate care, short-term rehabilitation is provided in ways that are effective for them, and that do not impinge on the quality of provision for the other residents.

13.2 Rehabilitation facilities are sited in dedicated space and include equipment for therapies and treatment, as well as equipment to promote activities of daily living and mobility.

13.3 Day space to a minimum of 4.1 sq m is provided which does not impinge on the provision for established service users.

13.4 Staff are qualified and/or are trained and appropriately supervised to use techniques for rehabilitation including treatment and recovery programmes, promotion of mobility, continence and self-care, and outreach programmes to re-establish community living.

13.5 Staff are deployed, and specialist services from relevant professions including occupational therapists and physiotherapists are provided or secured in sufficient numbers and with sufficient competence and skills, to meet the assessed needs of service users admitted for rehabilitation.

13.6 The service user placed for intermediate care is not admitted for long-term care unless, and until, the requirements regarding information, assessment and care planning (Standards 1, 2, 3 and 6) are met.

**STANDARD 14: PERSONAL CARE - PRIVACY AND DIGNITY**

**OUTCOME:**

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

**STANDARD:**

14.1 The arrangements for health and personal care ensure that service user's privacy and dignity are respected at all times.

14.2 A service user's privacy and dignity will be respected in such matters as:

- personal care-giving, including nursing, bathing, washing, using the toilet or commode
- consultation with and examination by health and social care professionals
- consultation with legal and financial advisors
- maintaining social contacts with relatives and friends
- entering bedrooms, toilets and bathrooms
- following death.

14.3 Service users have easy access to a telephone for use in private and receive their mail unopened.

14.4 Service users wear their own clothes at all times.

14.5 All staff use the term of address preferred by the service user.

14.6 All staff are instructed during induction on how to treat service users with respect at all times.

14.7 Medical examination and treatment are provided in the service user's own room.

14.8 Screening is provided where service users share a room, and staff ensure that their privacy is not compromised when personal care is being given or at any other time.

## **STANDARD 15: HEALTH CARE**

### **OUTCOME:**

Service users' health care needs are fully met.

### **STANDARD:**

15.1 The registered person promotes and maintains service users' health and ensures access to health care services to meet assessed needs.

15.2 Care staff maintain the personal and oral hygiene of each service user and, wherever possible, support the service user's own capacity for self-care.

15.3 Service users are assessed by a person trained to do so in order to identify those

service users who have developed, or are at risk of developing, pressure damage and appropriate intervention is recorded in the plan of care.

15.4 The incidence of pressure damage, their treatment and outcome, are recorded in the service user's individual plan of care and reviewed on a continuous basis.

15.5 Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure damage is provided.

15.6 The registered person ensures that professional advice about the assessment and the promotion of continence is sought and acted upon and that the aids and equipment needed are provided.

15.7 The service user's psychological health is monitored regularly and preventive and restorative care provided.

15.8 Opportunities are given for appropriate exercise and physical activity; appropriate interventions are carried out for service users identified as at risk of falling.

15.9 Nutritional screening is undertaken on admission and re-assessed periodically; a record is maintained of nutrition, including weight gain or loss, and appropriate action is taken.

10. The registered person enables service users to register with a GP of their choice.

15.11 The registered person enables service users to have access to specialist medical, nursing, dental, pharmaceutical, chiropody and therapeutic services and care from hospitals and community health services according to need.

15.12 Service users have access to hearing and sight tests and appropriate aid, according to need.

15.13 The registered person ensures that service users' entitlements to NHS services are upheld in accordance with guidance and legislation, by providing information about entitlements and ensuring access to advice.

## **STANDARD 16: MEALS AND MEALTIMES**

### **OUTCOME:**

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

## **STANDARD:**

16.1 The registered person ensures that service users receive a varied, appealing, wholesome and nutritious diet which is suited to individual assessed and recorded requirements, in a congenial setting and at flexible times.

16.2 Each service user is offered three full meals each day (at least two of which must be cooked) at intervals of not more than five hours during the day time.

16.3 The interval between the evening meal and breakfast should not normally be more than 14 hours. Hot and cold drinks and snacks should be available at all times.

16.4 Food, including liquified meals, is presented in a manner that is attractive and appealing in terms of texture, flavour, and appearance, in order to maintain appetite and nutrition.

16.5 Special therapeutic diets/feeds are provided when advised by health care and dietetic staff, including adequate provision of calcium and vitamin D.

16.6 Religious or cultural dietary needs are catered for as agreed at admission and recorded in the care plan; food for special occasions is available.

16.7 The registered person ensures that there is a changing menu offering a choice of meals in written or other formats to suit the capacities of all service users. This is given, read or explained to service users. **This requirement will not apply to homes with three residents or fewer.**

16.8 The registered person ensures that mealtimes are unhurried with service users being given sufficient time to eat.

16.9 Staff are ready to offer assistance in eating where necessary, discreetly, sensitively and individually; independent eating is encouraged for as long as possible.

## **STANDARD 17: MEDICATION**

### **OUTCOME:**

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

**STANDARD:**

17.1 The registered person ensures that there is a policy and staff adhere to procedures for the receipt, recording, storage, handling, administration and disposal of medicines. Service users are able to take responsibility for their own medication if they wish, within a sound risk management framework.

17.2 Service users following assessment are able to administer their own medication. Service users who self-medicate will do so on the understanding that staff carry out checks, where necessary, on the supply, storage and expiry date of medication kept under the service users' control.

17.3 Medication is appropriately stored and returned to the pharmacist when it is no longer required.

17.4 Records are kept of all medicines received and administered, that leave the home or are disposed of, to ensure that there is no mishandling or hoarding. A record is maintained of current medication for each service user (including for those administering their own).

17.5 Medicines in the custody of the home are handled according to the requirements of the Medicines Act 1968, guidelines from the Royal Pharmaceutical Society, and the requirements of the Misuse of Drugs Act 1971.

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

17.7 Where residents are receiving nursing care, all medicines, including Controlled Drugs, are administered by a medical practitioner or registered nurse.

17.8 Where residents are not receiving nursing care, and not administering their own medicines, all medicines, including Controlled Drugs, are administered by designated staff who are appropriately trained. The administration of Controlled Drugs is witnessed by another designated, appropriately trained member of staff. The training for care staff must be accredited by a responsible body and must include:

- basic knowledge of how medicines are used and how to recognise and deal with problems in use
- the principles behind all aspects of the home's policy on medicine handling and records.

17.9 The receipt, administration and disposal of Controlled Drugs is recorded in a Controlled Drugs register.

17.10 The registered person seeks information and advice from a community pharmacist regarding medicines dispensed for individuals in the home.

17.11 Staff monitor the condition of a service user on medication and call in the GP if they are concerned about any change in condition that may be a result of medication, and prompt the review of medication on a regular basis.

17.12 When a service user dies, medicines should be retained until it is clear whether or not an inquest will be held.

## **STANDARD 18: SAFE WORKING PRACTICES**

### **OUTCOME:**

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

### **STANDARD:**

18.1 The registered person takes all reasonable steps to protect and promote the health, safety and welfare of service users and staff.

18.2 The registered person ensures safe working practices including:

- moving and handling: use of techniques for moving people and objects that avoid injury to services users or staff
- fire safety: understanding and implementation of appropriate fire procedures
- first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first-aider at all times; and recording of all provision of first aid. **The requirement to have a qualified first aider available at all times will not apply to homes with three residents or fewer.**
- food hygiene: correct storage and preparation of food to avoid food poisoning, including labeling and dating of stored food
- infection control: understanding and implementation of measures to prevent spread of infection and communicable diseases.

18.3 The registered person ensures the health and safety of service users and staff

including:

- safe storage and disposal of hazardous substances
- regular servicing of boilers and central heating systems under contract by competent persons (such as members of Council of Registered Gas Installers (CORGI))
- maintenance of electrical systems and electrical equipment
- regulation of water temperature, and design solutions to reduce the risk of Legionella and risks from hot water and hot surfaces (temperatures close to 43 degrees C)
- where necessary based on assessment of vulnerability of and risk to service users, provision and maintenance of window restrictors on the first floor and above,
- maintenance of a safe environment including kitchen equipment and laundry machinery; outdoor steps and pathways; gardening equipment
- security of the premises
  
- security of service users based on an assessment of their vulnerability.

18.4 The registered person ensures compliance with relevant legislation including:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1992
- Electricity at Work Regulations 1989
- Health and Safety (First Aid) Regulations 1981
- Control of Substances Hazardous to Health Regulations (COSHH) 1988
- Manual Handling Operations Regulations 1992
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1985

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

18.6 The registered person ensures that risk assessments are carried out for all safe working practice topics and that significant findings of the risk assessment are recorded.

18.7 All accidents, injuries and incidents of illness or communicable disease are recorded and reported in accordance with regulation 38.

18.8 Safety procedures are displayed, and explained, in formats that are easily understood and take account of service users' special communication needs.

18.9 All staff receive induction and foundation training and updates to meet TOPSS specification on all safe working practice topics (see Standard (23) Staff Training).

## **STANDARD 19: DYING AND DEATH**

### **OUTCOME:**

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

### **STANDARD:**

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

19.2 Care staff make every effort to ensure that the service user receives appropriate attention and pain relief.

19.3 The service user's wishes concerning terminal care and arrangements after death are discussed with them, recorded in the care plan and are respected, wherever possible.

19.4 The service user's family and friends are involved, if that is what the service user wants, in planning for and dealing with increasing infirmity, terminal illness and death.

19.5 The privacy and dignity of the service user who is dying are maintained at all times.

19.6 Service users are able to spend their final days in their own rooms, surrounded by their personal belongings, unless there are compelling medical reasons to prevent this.

19.7 The registered person ensures that staff and service users who wish to offer comfort to a service user who is dying are enabled, and supported to do so.

19.8 The registered person ensures that expert advice is available to staff in order to provide effective palliative care. Bereavement counselling, provided by trained professionals or specialist agencies, should also be available to the service user if they request it.

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



19.10 Relatives and friends of a service user who is dying are able to stay with her/him, unless the service user makes it clear that s/he does not want them to, for as long as they wish.

19.11 The body of a service user who has died is handled with dignity. Time allowed for family and friends to pay their respects.

19.12 Policies and procedures for handling dying and death are in place and observed by staff who have been trained in their implementation.

## **SECTION FIVE: STAFFING**

### **STANDARD 20: STAFFING LEVELS**

#### **OUTCOME:**

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

#### **STANDARD:**

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

20.2 A written staff rota is kept showing which staff are on duty at any time during the day and night and in what capacity.

20.3 Staffing numbers and skill mix in the are in accordance with any condition of registration about staffing. The staffing level will be developed having regard to the individual circumstances in the home, including its aims and objectives, the numbers of residents present, their assessed needs, and the layout and facilities of the home.

20.4 Staff left in charge of the home are at least age 21. Normally, staff providing personal care to service users are at least age 18. . However, 17 year old trainees, who are supernumerary, may work on a one-to-one basis provided they are appropriately supervised by an adult care worker until they reach the age of 18; they may only be involved in personal care with the agreement of the service user.

20.5 Staff are employed in sufficient numbers to ensure that standards relating to food, meals and nutrition are fully met, and that the home is maintained in a clean and hygienic

state, free from dirt and unpleasant odours.

## **STANDARD 21: STAFF QUALIFICATIONS**

### **OUTCOME:**

Service users are in safe hands at all times.

### **STANDARD:**

21.1 By 1 April 2005, at least 50% of care staff hold NVQ level 2 in care or a similar qualification recognised by the Care Council for Wales, or a higher level qualification in care. .

21.2 All agency staff working in the home are included in the 50% calculation.

21.3 The calculation excludes the manager and any care manager, and, in homes providing nursing, it excludes those members of the care staff who are registered nurses.

21.4 Trainees (including all staff under 18) are registered within three months of starting work on a training programme leading to the appropriate qualification referred to in 21.1.

## **STANDARD 22: RECRUITMENT**

### **OUTCOME:**

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

### **STANDARD:**

22.1 The home has sound recruitment policies and operates a rigorous recruitment procedure based on equal opportunities and ensuring the protection of service users.

22.2 Two written references are obtained before making an appointment, and any gaps in employment records are explored. The request for written references is in the form of a structured enquiry linked to the requirements of the job. A reference should always be sought from the applicant's present or most recent employer. References should be

followed up by phone as necessary.

22.3 New staff are confirmed in post only if the information required under regulation 19 is available in respect of him or her (including Criminal Records Bureau certificates). UKCC or Care Council for Wales registrations should also be confirmed, as appropriate.

22.4 Staff are employed with regard to any codes of conduct and practice published by the Care Council for Wales and are given copies of any code.

22.5 All staff receive statements of terms and conditions of employment.

22.6 All staff appointments are subject to a probationary period.

## **STANDARD 23: STAFF TRAINING**

### **OUTCOME:**

Staff are trained and competent for the job they do.

### **STANDARD**

23.1 The home's staff training and development programme ensures staff fulfil the aims of the home and meet the changing needs of service users and takes account of any relevant guidance of the Care Council for Wales.

23.2 All care staff commence their induction programme on the first day of their employment, and are assessed by the end of their twelfth week in employment. The programme should take into account such guidance on induction as may be published by the Care Council for Wales. It should include training on the principles of care, safe working practices, the organisation and worker role, the experiences and particular needs of the service user group, and the influences and particular requirements of the service setting. Following successfully completing their induction, staff without the recognised qualification (see standard 21.1) are registered for and proceed with this award.

23.3 All staff receive a minimum of five paid days training per year (including in house training), and have by 1 April 2003 an individual training and development plan based on an assessment of their needs.

## **STANDARD 24: STAFF SUPERVISION**

### **OUTCOME:**

Service users benefit from properly supervised staff.

### **STANDARD:**

24.1 The registered person ensures that all staff in the home are regularly and effectively supervised.

24.2 Staff supervision is provided in dedicated time, is given on a one-to-one basis, and is formally recorded.

24.3 Care staff receive formal supervision at least once in every two months.

24.4 Supervision covers:

- all aspects of practice;
- philosophy of care in the home;
- career development needs.

24.5 All other staff are supervised as part of the normal management process on a continuous basis.

24.6 All staff are given an annual staff appraisal, which reviews their work over the previous year and identifies their training and development needs.

## **STANDARD 25: VOLUNTEERS**

### **OUTCOME:**

Service users benefit, as and how they choose, from the involvement of volunteers.

### **STANDARD:**

25.1 The home ensures that the contribution of volunteers supplements and complements

paid staff roles for the benefit of service users

25.2 Each volunteer's role and responsibilities are set out in a written agreement, and this role is clearly understood by service users, family and friends, and staff.

25.3 Volunteers never undertake tasks that are the responsibility of paid staff.

25.4 Service users are involved in deciding whether and how the home works with volunteers.

25.5 The recruitment and selection process for volunteers is as rigorous as for paid staff.

25.6 Volunteers receive training, supervision and support appropriate to their role.

## **SECTION SIX: CONDUCT AND MANAGEMENT OF THE HOME**

### **STANDARD 26: THE MANAGER**

#### **OUTCOME:**

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

#### **STANDARD:**

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

26.2 The manager has at least two years experience in a senior management capacity in the managing of a relevant care setting within the past five years;

**and**, by 1 April 2005, the manager holds NVQ level 4 in care, a social work qualifying award, NVQ level 4 award in the management of care or a similar qualification recognised by the Care Council for Wales;

**or** the manager is a first level registered nurse and by 1 April 2005 holds an NVQ level 4 award in the management of care or a similar qualification recognised by the Care Council for Wales;

26.3 The manager is responsible for no more than one registered establishment, unless two establishments can be appropriately managed without compromising the quality of care provided.

26.4 The manager can demonstrate that he or she has undertaken periodic training to update their knowledge, skills and competence, while managing the home.

26.5 The manager and other senior staff are familiar with the physical, mental, social and spiritual needs of older people, and with the conditions and diseases associated with old age.

26.6 The job description of the manager enables him or her to take responsibility for fulfilling these duties.

26.7 There are clear lines of accountability within the home and with any external management.

## **STANDARD 27: ETHOS**

### **OUTCOME:**

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

### **STANDARD:**

27.1 The registered person ensures that the management approach of the home creates an open, positive, inclusive and enabling atmosphere.

27.2 The registered person communicates a clear sense of direction and leadership which staff and service users understand and which they can relate to the aims and purpose of the home.

27.3 The registered person has strategies for enabling staff, service users and other stakeholders to affect the way in which the service is delivered and improved.

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

27.5 Management planning and practice encourage innovation, creativity and development.

27.6 A commitment is made to equal opportunities and diversity in the organisation.

27.7 The registered person has regard to any Code of Practice for Employers published by the Care Council for Wales.

## **STANDARD 28: QUALITY ASSURANCE**

### **OUTCOME:**

Service users can be sure that the home is responsive to their wishes, and run in their best interests.

### **STANDARD:**

28.1 Effective quality assurance and quality monitoring systems, based on seeking the views of service users, are in place to measure the home's success in meeting its aims, objectives and statement of purpose.

### **CRITERIA:**

28.2 There is an annual development plan for the home, based on a systematic cycle of planning – action – review, reflecting aims and outcomes for service users.

28.3 The home has a programme of continuous self monitoring and self improvement, based on feedback actively sought from service users about services provided. This feedback will be sought through the means most suitable in the home (which might include anonymous user satisfaction questionnaires, and individual and group discussion) and will be clearly evidenced. This internal audit will take place at least once a year.

28.4 The views of family and friends and of stakeholders in the community (such as GPs, teachers, chiropodist, and voluntary organisation staff) are sought on how the home is meeting the needs and preferences of service users.

28.5 Service users are told about planned CSIW inspections and are given access to inspectors. The views of service users are made available to CSIW inspectors for inclusion in inspection reports.

28.6 Policies, procedures and practices are regularly reviewed in the light of changing legislation and of good practice advice from the National Assembly for Wales, local and health authorities, and specialist and professional bodies.

28.7 Action is progressed within agreed time-scales to implement requirements identified in CSIW inspection reports.

## **STANDARD 29: FINANCIAL PROCEDURES**

### **OUTCOME:**

Service users are safeguarded by the financial procedures in the home, and by its continuing viability.

### **STANDARD:**

29.1 Suitable accounting and financial procedures are adopted to ensure the effective and efficient running of the home and its continued financial viability.

29.2 Insurance cover for assets is obtained for loss or damage and for replacement as new; business interruption losses are also covered. Liability insurance must protect the home's legal liabilities to employees, service users and third party persons to a limit of indemnity commensurate with the level and extent of activities undertaken or to a minimum of £5 million.

29.3 Records are kept of all transactions entered into by the registered person.

29.4 There is a business and financial plan for the establishment, kept at the home and reviewed annually.

## **STANDARD 30: SERVICE USERS' MONEY**

### **OUTCOME:**



Service users' financial interests are safeguarded.

## **STANDARD:**

30.1 The registered person can demonstrate that they have taken all reasonable steps to safeguard the financial interests of service users.

30.2 The registered person ensures that service users control their own money except where they state that they do not wish to or they lack capacity.

30.3 The registered person ensures that safeguards are in place to protect the financial interests of the service user.

30.4 The registered person ensures written records are maintained of all transactions.

30.5 Where the home, in accordance with regulation 20, handles the money of individual service users, the registered person ensures that the personal finances of these service users are not pooled – either with the finances of the home, or with the finances of other residents. Money is held separately in the name of individual service users and spent as they wish. Appropriate records and receipts are kept.

30.6 The registered person ensures that money donated to or collected for the home specifically for the benefit of the service users is not used for routine expenditure, and such money is accounted for separately from the home's other income and expenditure accounts.

30.7 Staff may be appointed as agent or appointee for a service user only where no other appropriate individual is available. In this case, the registered person ensures that:

- the DWP is notified, as necessary
- records are kept of all incoming and outgoing payments.

30.8 The home provides secure facilities for the safekeeping of money and valuables on behalf of the service user.

30.9 Records, receipts and accounting procedures are kept/maintained of possessions handed over for safe keeping.

## **SECTION SEVEN: CONCERNS, COMPLAINTS AND PROTECTION**

### **STANDARD 31: COMPLAINTS**

## **OUTCOME:**

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

## **STANDARD:**

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

31.2 The registered person ensures that the home has a complaints procedure which specifies how complaints may be made and who will deal with them, with an assurance that they will be responded to within a maximum of 28 days.

31.3 A record is kept of all complaints made and includes details of investigation and any action taken.

31.4 The registered person ensures that written information is provided to all service users to enable them to raise a complaint with the Care Standards Inspectorate for Wales at any time, should the complainant wish to do so.

## **STANDARD 32: PROTECTION**

### **OUTCOME:**

Service users are protected from abuse.

### **STANDARD:**

32.1 The registered person can demonstrate that they have taken all reasonable steps to safeguard service users from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.

32.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) ensure the safety and protection of service users. This includes passing on concerns to the Care Standards Inspectorate for Wales and taking account of the National Assembly for Wales guidance - "In Safe Hands - Protection of

Vulnerable Adults in Wales".

32.3 All allegations and incidents of abuse are followed up promptly and the action taken is recorded.

32.4 Staff who may be unsuitable to work with vulnerable adults are referred, in accordance with the Care Standards Act, for consideration for inclusion on the Protection of Vulnerable Adults register.

32.5 The policies and practices of the home ensure that physical and/or verbal aggression by service users is understood and dealt with appropriately, and that physical intervention is used only as a last resort and takes account of any National Assembly for Wales guidance.

32.6 The home's policies and practices regarding service users' money and financial affairs ensure service users' can access their personal financial records; there is safe storage of money and valuables; consultation on finances can take place in private; and advice is available on personal insurance. Staff are precluded from involvement in making service users' wills.

## **SECTION EIGHT: THE PHYSICAL ENVIRONMENT**

### **STANDARD 33: PREMISES**

#### **OUTCOME:**

Service users live in a safe, well maintained environment.

#### **STANDARD:**

33.1 The location and layout of the home is suitable for its stated purpose; it is accessible, safe and well-maintained; meets service users' individual and collective needs in a comfortable and homely way and has been designed with reference to relevant guidance.

33.2 A programme of routine maintenance and renewal of the fabric and decoration of the premises is produced and implemented with records kept.

33.3 Grounds are kept tidy, safe, attractive and accessible to service users, and allow access to sunlight.

33.4 The building complies with the requirements of the local fire service and environmental health authority.

33.5 CCTV cameras should not be used inside the home and should only be used on external doors.

## **STANDARD 34: SHARED FACILITIES**

### **OUTCOME:**

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

### **STANDARD:**

**34.1 – 34.6 will not apply to existing homes with three residents or fewer.**

34.1 The home provides sitting, recreational and dining space amounting to at least 4.1 sq m for each service user (5.1 sq m for wheelchair users). This communal space excludes service users' private accommodation and corridors and entrance hall.

34.2 Communal space is available which includes:

- rooms in which a variety of social, cultural and religious activities can take place; and service users can meet visitors in private
- dining room(s) to cater for all service users
- a smoke free sitting room.

34.3 There is outdoor space for service users, accessible to those in wheelchairs or with other mobility problems, with seating, and designed to meet the needs of all service users including those with physical, sensory and cognitive impairments.

34.4 Where intermediate care is provided, dedicated space is available for this service group.

34.5 Lighting in communal rooms is domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

34.6 Furnishings, of communal rooms, are domestic in character and of good quality, and suitable for the range of interests and activities preferred by service users.

## **STANDARD 35: LAVATORIES AND WASHING FACILITIES**

### **OUTCOME:**

Service users have sufficient and suitable lavatories and washing facilities.

### **STANDARD:**

35.1 Toilet, washing and bathing facilities are provided to meet the needs of service users.

35.2 There are accessible toilets for service users, clearly marked, close to lounge and dining areas. **The requirement for toilets to be clearly marked and close to lounge and dining areas will not apply to homes with three residents or fewer.**

**35.3 – 35.7: These requirements will not apply to homes with three residents or fewer.**

35.3 There is a ratio of one assisted bath or shower to eight service users. Where suitably adapted en suite bathing or shower facilities are provided in service users' rooms, these residents' rooms can be excluded from this calculation. There is at least one of each type of facility on each floor where there is bedroom accommodation, excluding en suite accommodation.

35.4 There is at least one toilet for every four service users. En suite facilities are excluded from this calculation. Each service user has a toilet within close proximity of his or her private accommodation.

35.5 En suite facilities, at minimum a toilet and hand basin, are provided to all service users in all new build, extensions and all first time registrations from 1 April 2002.

35.6 The installation of en suite facilities should be in addition to the minimum usable floor space standards in any service user's room.

35.7 En suite facilities in rooms accommodating service users using wheelchairs or other aids, are accessible to them.

35.8 In new build, or extensions to, homes with three residents or fewer en suite facilities, at a minimum a toilet and wash hand basin, are provided to all service users. The installation of such facilities should be in addition to the minimum useable floor space standards in any service user's room. En suite facilities in rooms accommodating service users using wheelchairs or other aids are accessible to them. **This requirement will not apply to existing homes with three residents or fewer.**

35.9 Any sluices provided are located separately from service users' WC and bathing facilities and are available on all floors where nursing care is provided. **The requirement to make sluices available on all floors where nursing care is provided will not apply to homes with three residents or fewer.**

## **STANDARD 36: ADAPTATIONS AND EQUIPMENT**

### **OUTCOME:**

Service users have access to the equipment they need to maximise their independence.

### **STANDARD:**

36.1 The registered person can demonstrate that they provide equipment and make adaptations that address the assessed needs of service users. **This requirement will not apply to homes with three residents or fewer.**

36.2 In homes with three residents or fewer, the registered person can demonstrate that they provide equipment, for example grab rails and hoists and specialist equipment and make adaptations that address the assessed needs of service users including ensuring that service users have access to all parts of service users' communal and private space.

**36.3 – 35.5: These requirements will not apply to homes with three residents or fewer.**

36.3 Service users have access to all parts of service users' communal and private space, through the provision of ramps and lifts where required to achieve this.

36.4 The home provides grab rails and other aids in corridors, bathrooms, toilets, and communal rooms and where necessary in service users' own accommodation.

36.5 Aids, hoists and assisted toilets and baths are installed which are capable of meeting the assessed needs of service users.

36.6 Doorways into communal areas, service users' rooms, bathing and toilet facilities and other spaces to which service users requiring wheelchairs and assisted walking have access, have a clear opening width of 800 mm. **This requirement will not apply to existing homes with three residents or fewer but will apply to new homes and extensions.**

36.7 Facilities (eg a loop system), and signs are provided to assist the needs of all service users, taking account of their needs, for example, of those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary. **This requirement will not apply to homes with three residents or fewer.**

36.8 Storage areas are provided for aids and equipment, including wheelchairs. **This requirement will not apply to homes with three residents or fewer.**

36.9 Call systems with an accessible alarm facility in every room are provided. In homes with three residents or fewer, appropriate call systems are provided in rooms according to the assessed needs of service users.

**STANDARD 37: INDIVIDUAL ACCOMMODATION – SPACE REQUIREMENTS**

**OUTCOME:**

Service users have enough space in their own rooms to meet their needs.

**STANDARD:**

37.1 The home provides accommodation for each service user, which meets the minimum space requirements. **This requirement will not apply to homes with three residents or fewer.**

37.2 From 1 April 2002, the minimum space standards for single rooms in current use will be 100 sq ft (9.3 sq m), excluding en suite facilities. **This standard will not apply to existing homes with three residents or fewer..**

37.3 From 1 April 2002, the minimum space standard in single rooms in new care homes and extensions to existing homes will be 12 sq m, excluding en suite facilities.

37.4 From 1 April 2002, the minimum space standard for single rooms in existing homes, for use by residents who because of their severe physical disabilities have to use a wheelchair on a permanent or constant basis, will be 12 sq m, excluding en suite facilities. This is not intended to apply to the rooms of residents who use wheelchairs occasionally or just for transfer around the home. **This standard will not apply to homes with three residents or fewer.**

37.5 From 1 April 2002, the minimum space standard for single rooms in new care homes and extensions to existing homes, for use by residents who because of their severe physical disabilities have to use a wheelchair on a permanent or constant basis, will be 13.5 sq m, excluding en suite facilities. The standard for minimum door width will be 800 mm. These standards are not intended to apply to the rooms of residents who use wheelchairs occasionally or just for transfer around the home.

37.6 From 1 April 2002, no-one who is assessed as likely to require assisted transfer around the home involving the use of a wheelchair should be admitted to any room unless a safe and effective transfer is possible which meets their care needs.

37.7 Except as above, the standard for minimum door width will be 760 mm. **This requirement will not apply to homes with three residents or fewer.**

37.8 Room dimensions and layout ensures that there is room on either side of the bed, to



enable access for carers and any equipment needed.

37.9 Where rooms are shared, they are occupied by no more than two service users who have made a positive choice to share (and with whom to share).

37.10 When a shared place becomes vacant, the remaining service user has the opportunity to choose not to share again, by moving into a different room if necessary.

37.11 Rooms that are currently shared have at least 16 sq m of usable floor space, excluding en suite facilities. **This standard will not apply to homes with three residents or fewer.**

37.12 In new build, conversions, extensions and all first time registrations, service users wishing to share accommodation are offered two single rooms for use, for example, as bedroom and sitting room.

37.13 Single rooms in existing homes make up at least 70% of resident places by 1 April 2005, at least 80% by 2007, and at least 85% of resident places by 2010. **This standard will not apply to homes with three residents or fewer.**

## **STANDARD 38: INDIVIDUAL ACCOMMODATION - FURNITURE AND FITTINGS**

### **OUTCOME:**

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

### **STANDARD:**

38.1 The home provides private accommodation for each service user which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the service user.

38.2 In the absence of service user's own provision, furnishings for individual rooms are provided to the minimum as follows:

- a clean comfortable bed, minimum 900mm wide, at a suitable, safe height for the service user, and bedlinen

- curtains or blinds
- mirror
- ceiling lighting and bedside lighting
- comfortable seating for two people
- drawers and enclosed space for hanging clothes
- at least 2 accessible double electric sockets
- a bedside cabinet or table
- tables to sit at and for bed-side use
- wash hand basin, unless en suite WC and wash hand basin are provided.

**This requirement will not apply to homes with three residents or fewer.**

38.3 Appropriate beds are provided for service users receiving nursing care.

38.4 The service user's room is carpeted or equivalent.

38.5 Doors to service users' private accommodation are fitted with locks suited to service users' capabilities and accessible to staff in emergencies.

38.6 Service users are provided with keys unless their risk assessment suggests otherwise.

38.7 Each service user has lockable storage space for medication, money and valuables and is provided with the key that he or she can retain, unless the reason for not doing so is explained in the care plan.

## **STANDARD 39: HEATING, LIGHTING AND WATER**

### **OUTCOME:**

Service users live in safe and comfortable surroundings.

### **STANDARD:**

39.1 The heating, lighting, water supply and ventilation of service users' accommodation meet the relevant environmental health and safety requirements and the needs of individual service users.

39.2 Rooms are individually and naturally ventilated with windows conforming to recognised standards.

39.3 In new build, conversions and extensions, the height of the window is such that the service user can see out of it when seated or in bed.

39.4 All rooms, including communal rooms, are centrally heated. Service users are able to control the heating in their own rooms.

39.5 Pipework and radiators are guarded or have guaranteed low temperature surfaces.

39.6 Lighting in service users' accommodation meets recognised standards (LUX 150), is domestic in character, and includes table-level lamp lighting.

39.7 Emergency lighting is provided throughout the home

39.8 Water is stored at a temperature of at least 60 degrees Centigrade and distributed at 50 degrees Centigrade minimum to prevent risks from Legionella. To prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have fail-safe devices that are fitted locally in order to provide water at a temperature close to 43 degrees Centigrade are installed.

## **STANDARD 40: HYGIENE AND CONTROL OF INFECTION**

### **OUTCOME:**

Service users experience their home as clean, pleasant and hygienic.

### **STANDARD:**

40.1 The premises are kept clean, hygienic and free from offensive odours throughout and systems are in place to control the spread of infection, in accordance with relevant legislation and taking account of published professional guidance.

40.2 Soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten, or other areas where that would intrude on service users.

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

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

40.5 Policies and procedures for control of infection include the safe handling and

disposal of clinical waste; dealing with spillages; provision of protective clothing and hand washing.

40.6 All care homes where commodes or bedpans are in use have sufficient provision of commodes and bedpans to minimise risks of cross infection from resident to resident, and have a suitably located sluicing disinfectant or other appropriate disinfection procedures to maintain hygiene standards and infection control. **This standard will not apply to homes with three residents or fewer.**

40.7 Foul laundry is washed at appropriate temperatures [minimum 65 degrees Centigrade for not less than 10 minutes] to thoroughly clean it and control risk of infection.

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

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