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Minimum Standards for Children's Homes

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Introduction

The Minimum Standards for Children's Homes aim to improve the quality and consistency of care for children and young people living in Children's Homes or having short breaks. They also provide further detail on the criteria for registration and inspection set out in the Children's Homes Regulations (Northern Ireland) 2005.

Article 38 of the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 gives powers to the Department of Health, Social Services and Public Safety (DHSSPS) to publish minimum standards that the Regulation and Quality Improvement Authority (RQIA) must take into account in the regulation of establishments and agencies.

The Minimum Standards for Children's Homes are written under the provisions of Article 38 and represent the minimum provision under which no provider is expected to operate.

Standards will be used by providers to set a benchmark of quality care and also by the RQIA in registering and inspecting residential child care services.

These standards apply to all services registered with RQIA as residential childcare providers under the regulations i.e. children's homes (including secure care) and short break (sometimes known as respite) services.

There is of course no such thing as a "typical children's home" in the same way as there is no such thing as a "typical child or young person", and it is recognised that some of the criteria do not apply in every home or to every child and young person. But the standards aim to improve quality across the range of settings in Northern Ireland regardless of which Trust they are part of; whether they are run by the voluntary, independent or statutory sectors; and whether they are long or short-term; residential; secure; or short break homes.

Children and young people living in residential care have specific needs which may arise from their own healthcare needs or disabilities, or as a result of having

undergone trauma. These needs can make them more vulnerable to risks of abuse and exploitation and homes have a complex job in balancing their therapeutic needs with their rights to a quality of life comparable to their peers alongside the very particular and specific measures necessary to protect them from harm.

In revising these standards, we have adopted a rights-based approach, but throughout the document there are a number of references to “appropriate and proportionate risk assessment”. This phrase is used in recognition of the particular needs that children in residential care have and that, sometimes, their rights to safety and protection must be given priority over some of their own preferences regarding their care. However, it is clear throughout the standards that homes have a responsibility to ensure children and young people understand why decisions might be taken against their wishes and are given the opportunity to work through their feelings around these issues.

These standards have been developed with the aim of keeping child-centred care to the fore, and the views of children living in residential care and using short break services were sought and included in the document. They told us repeatedly that they wanted the home to be **their** home, to be homely and similar to those of their friends not in care. These standards aim to balance the therapeutic interventions that vulnerable children and young people need alongside the fact that they are living in their **home**, not “units” or “centres” and must feel as at home, secure and safe as their peers.

Children and young people must be engaged and involved in all aspects of their care and home life and staff should facilitate them not only to make their views known, but also to understand how their feelings and wishes have been taken into account.

The quality of care provided depends very much on the ethos and culture created in the home by the owner, managers and staff and is demonstrated in the practice adopted and evidenced in improved outcomes for children. The fit between what the home can provide (as set out in its Statement of Purpose) and

what the child or young person needs is known to be a key factor in influencing outcomes for looked after children and young people.

Specific models of care will inform how staff work with individual children depending on their circumstances, but these standards also emphasise the importance of routine and consistent day-to-day care as having a vital bearing on young people's ability to respond positively in what are often stressful and confusing circumstances. It is the quality of relationships that children and young people are able to forge with staff that will be crucial in building their self-confidence, emotional resilience and inspiring them to achieve their full potential. The culture established through effective leadership enables these relationships to be developed and upheld and maintained often when the child or young person leaves care.

Leaders who continually seek to improve practice and empower and support committed staff through meaningful training and development as well as effective management systems are more likely to unite staff in achieving the vision and ethos of the home.

The minimum standards alone will not achieve quality care and improved outcomes for vulnerable children and young people. They are the benchmark under which quality of care must not fall. They cannot be viewed in isolation, and it is vital to read them in conjunction with the regulations and other legislation, policy and best practice that apply to residential childcare. Providers, commissioners and regulators should be aware of and comply with all of these in addition to the minimum standards.

How to Use the Standards

There are 21 standards in the first section of this book and each one has a number of criteria. Most standards have examples of evidence to show how the criteria of the standard have been met. In most cases, RQIA will expect to see all these examples being met as a minimum indicator of achieving the standard. Where there is no evidence set out, the criteria must all be met.

Some of the criteria or evidence may not apply to all children and young people in the home and in some cases, the length of time the child or young person stays (for example in an assessment or short break home) will be a deciding factor in how proportionate an approach should be adopted. In these cases, staff and managers will be expected to use their professional judgement in demonstrating how the standard has been met. Similarly, there will often be decisions made according to the risk assessment and Care Plan for each child and as long as these are documented and, more importantly, explained to and understood by the child or young person, such decisions will not be seen as an infringement of the standards.

The type of care and the age, ability and levels of understanding and dependency of the children and young people using the service will determine the types of evidence that inspectors will look for to demonstrate that a standard has been met. However, the majority of standards apply to some degree to all children living in residential care.

Short Break Care

Standard 19 refers to “short break care”. This is the term that children and young people and providers of what is legally referred to as “respite” preferred us to use. Short breaks form part of a continuum of services, which support disabled children and their families.

These include day, evening, overnight and weekend activities and can take place in the child’s own home, the home of an approved carer, a residential or community setting.

Short breaks come in a variety of formats and each one can last from just a few hours to a few days, and occasionally longer, depending on the type of provision and the needs of the child and their family.

Standard 19 refers to specific issues to be considered in short break care homes. However, the rest of the standards in the book (with the exception of Standard 20 for Secure Accommodation) also apply to short break care to some degree.

Acknowledgements

The development of these standards was a collaborative approach, led by the Department but informed by the expertise and time given freely by the members of the working group over an 18-month period. The Department gratefully acknowledges the contribution of the HSC Board, Trusts, RQIA, VOYPIC, Barnardos, Extern and Keys Childcare.

We are especially grateful for the work facilitated by VOYPIC and Sixth Sense in engaging with children and young people who use these services and the children and young people themselves for their valuable insight and input into the process.

Rights

These standards are underpinned by the United Nations Convention on the Rights of the Child (UNCRC). In particular, the rights to non-discrimination under Article 2; the commitment to the best interests of the child as set out in Article 3; protection of rights as per Article 4; the preservation of identity (Article 8) and respect for the views of the child as set out in Article 12.

Similarly, the standards echo the principles of the United Nations Convention on the Rights of Persons with Disabilities.

The standards refer frequently to meaningful engagement with children and young people and this has been central to the development of the standards with the intention of producing a child-centred document with standards that are sensitive to the particular needs of children and young people in residential care.

To accompany this version of the standards, we have also (in conjunction with Participation Network and VOYPIC) produced children's and young people's versions that are accessible to the different age and ability ranges of the children and young people using the various services.

Values and Principles Underpinning the Standards

The management and practice within a children's home should create and maintain a caring and stimulating atmosphere where children and young people are listened to and feel valued, their rights are upheld and their cultural and religious beliefs are respected. Living in the home should be a positive and beneficial experience. In order to achieve this, managers, staff and volunteers should have the following values firmly embedded and demonstrated in their practice.

Dignity and Respect

The uniqueness and intrinsic value of individuals is acknowledged and each person is treated with respect and their dignity protected.

Independence

Children and young people have as much control as possible over their lives whilst being protected against unreasonable risks.

Rights

Children and young people's individual and human rights are safeguarded and actively promoted within the context of services provided by the home.

Equality and Diversity

Children and young people are treated equally and their backgrounds, gender identity, sexual orientation and cultures are valued. The services provided by the home fit within a framework of equal opportunities and anti-oppressive practice.

Choice

Children and young people are offered the opportunity to select independently from a range of options based on clear, accessible and accurate information.

Fulfilment

Children and young people are enabled to lead full and purposeful lives, and to realise their ability and potential.

Safety

Children and young people feel safe in all aspects of their care and can expect that every service will employ a zero tolerance of abuse, harm and neglect and work to the highest standards of safeguarding practice.

Privacy

Children and young people have the right to be left alone, undisturbed and free from unnecessary intrusion into their affairs and there is a balance between the considerations of the individual's own and others' safety.

Confidentiality

Children and young people know that information about them is managed appropriately and will only be disclosed to others when this is in the interests of their welfare. Everyone involved in the service respects confidential matters.

Standard 1 – Engagement, Participation and Involvement

Children and young people's rights, wishes, views and feelings are understood, heard and acted upon in the day to day running of the home and in important decisions about their lives.

Criteria

1. Children and young people's right to express their views on all matters affecting them is recognised and facilitated by staff.
2. Children and young people's views, wishes and feelings are regularly and frequently sought by staff and given due weight in line with their age, ability and maturity when making decisions about their care and the running of the home.
3. Children and young people understand how their views have been taken into account and are helped to understand why it may not be possible to act on their wishes in all situations.
4. There is a culture in the home that is child-centred and encourages and facilitates participation from all children and young people in every aspect of decision making about their care, welfare and environment. Children and young people communicate their views on all aspects of their care and support, and these views are acted upon.
5. Where children and young people have specialist communication requirements and need assistance to communicate their wishes, views and feelings on matters important to them, for example through the use of specialist technology or assistive aids, this is facilitated by the home.
6. Where children and young people need support to express their needs because they are fearful or withdrawn, they are given the time and encouragement to let their views be known.

7. The views, wishes and feelings of those people significant to children and young people (parents, carers, social workers, mentors etc) are actively sought and considered in assessing their care.
8. Staff promote and facilitate self-advocacy and children and young people have access to independent advocacy support and mentoring services to support them in making their views known and can choose to use them when they see fit.
9. Children and young people know how to make a complaint and can take up any issues in the most appropriate way with support and without fear of adverse consequences. Children and young people are supported through the complaints process. They receive prompt feedback on any concerns or complaints raised and are kept informed of progress. Additional support for children and young people with disabilities is available in order to facilitate them to make complaints.
10. Policies and procedures within the home are flexible enough to be adapted to individual children and young people's needs and a "blanket approach" is not generally in operation.
11. Children and young people receive information in a way that is suited to their needs, age, sexual orientation, gender identity, political and community background and abilities. Information for children and young people is accessible to them – in terms of being both understandable and made available to them.
12. Children and young people's religious, racial, cultural and linguistic backgrounds, as well as any disabilities or communication needs and their sexual orientation and gender identity are considered and responded to when engaging with and involving them.

Evidence

- There is a record showing the views of and discussions with children and young people and those significant to them as well as feedback given and decisions made.
- There is evidence that staff have been trained in engagement with children and young people.
- There is evidence of regular residents' meetings where children and young people have the opportunity to raise issues with the manager and other key staff and that these issues have been acted upon as appropriate.
- There is evidence that children and young people have been actively involved in decision making in the home and their views and feelings have been considered by staff.
- There is evidence of child-centred, individualised care for each child and young person in the home.
- There is evidence that children and young people have been given the opportunity to participate in the development of an individualised health plan and they have access to this.
- Children and young people are encouraged to approach any member of the home's staff, not only their keyworker, with their personal concerns, needs and wishes and know and understand how to use the "contact card" system.

Standard 2 – Promoting a Positive Identity and Potential through Individualised Care and Support

Children and young people's self-esteem and individual identity are promoted through a range of methods that encourage their understanding of their different life events and the feelings and memories associated with these events.

Criteria

1. Children and young people are supported to reach their fullest potential in terms of emotional, social, cognitive and physical wellbeing and to develop a positive self-view, emotional resilience and knowledge and understanding of their backgrounds through support that is in keeping with their Care Plan.
2. Children and young people are helped to develop individual identity and self-esteem in relation to their religious, racial, ethnic, cultural or linguistic background, as well as their gender, sexual orientation and levels of ability or disability.
3. Staff support children and young people to develop social and emotional skills and enable them to strengthen their emotional resilience and self-esteem in preparation for independent living.
4. Children and young people are supported and encouraged to become socially involved within the home and in the wider context of the external community. Staff nurture friendships between children and young people and provide practical and emotional support to encourage their interests and promote their self-esteem.
5. Children and young people exercise choice and independence in the clothes and personal requisites that they buy and have these needs met, within the limits that a reasonable parent would set.

6. Children and young people are supported and encouraged to consider the positive strengths within their family. Staff seek to provide evidence of these strengths through a partnership approach to working with parents, siblings, family members and other carers.
7. Children and young people are supported and encouraged to understand and own their life story by staff who enable them through using appropriate, evidence-based models of exploring their journey. Staff ensure that there are additional copies of the life story kept securely should the child or young person wish to have it in future.

Evidence

- Staff demonstrate through individual work with each child or young person that the children and young people are supported to develop to their fullest potential. Staff understand and demonstrate the importance of early interventions in helping children and young people meet their potential and develop positive self-image and emotional resilience.
- There is evidence of on-going life story work and that staff are aware of key family relationships and that there is an understanding and/or plan of how these are being supported.
- There is evidence of appropriate supportive interventions that address both pre-care trauma and the life experiences to date for children and young people.
- Children and young people receive a personal allowance appropriate to their age and understanding that is consistent with their placement plan. Children and young people's preferences as to how frequently they receive their allowances are considered by staff.
- Staff actively address the communication needs of children and young people, ensuring that suitable alternative methods, formats and

languages are made available when required. This includes the involvement where necessary of their parents, siblings or other adults who have specialist communication skills.

- Staff and children and young people understand the role of the Independent Visitor and know what information may be shared with them and by whom.

Standard 3 – Living in a Supportive Home

Children and young people are provided with as full an experience of a supportive and homely environment as possible and to enjoy a wide range of opportunities to develop their talents and skills.

Criteria

1. Children and young people are supported and encouraged to develop age-appropriate behaviour, build and increase levels of trust with staff and take appropriate risks as part of normal growing up. The home adopts a proportionate approach to risk and where there are lessons to be learned from the outcomes of taking risks, these are applied proportionately and individually and risks are re-assessed and reviewed rather than having blanket bans applied on actions or activities.
2. Children and young people are supported and facilitated to make positive and safe life choices, develop supportive and nurturing relationships, promote their sense of identity and aspirations and exercise responsibility in a graduated and proportionate manner. Children and young people are supported to understand this as a “learning for life” process.
3. Children and young people are encouraged and facilitated to bring cherished or favourite possessions with them when they move into the home and there are arrangements for keeping their possessions safe and secure.
4. Staff actively seek out information on local activities such as sports, arts and youth organisations and encourage and facilitate children and young people to participate, including accessible activities for children and young people with disabilities.
5. Children and young people have access to the internet for school or college work or course work for training programmes and leisure activities including, where appropriate, social networking. There are

controls on online activity and access to websites that are similar to what a reasonable parent would apply and these are explained to and understood by children and young people as part of managing risks.

6. Where an individual child or young person's safety may be compromised by accessing certain websites or their Care Plan specifies that internet access should be limited, the child or young person understands the reasons for such limitations and blanket bans are not applied to all the children and young people resident in the home. Where restrictions apply, there are arrangements in place so that children and young people may access the resources necessary to complete homework or coursework (for example through supervised online access or by printing web-based material).
7. Children and young people's right to an appropriate level of privacy is respected. Children and young people have keys to their own bedrooms or, in exceptional circumstances where this is not permitted, are able to have their bedrooms locked by staff when they are leaving them. Subject to fire safety regulations and a risk assessment, bedroom doors can be locked with a thumb turn device from the inside, to ensure privacy, and are unlocked by staff only if a child or young person is considered to be at risk of harm.
8. Children, in line with their age, understanding and risk assessment are able to access and leave the home at times and in as independent a manner as a reasonable parent might allow.
9. Children and young people are encouraged to exercise choice in the food that they eat and are facilitated to prepare their own meals and snacks within the limits that a reasonable parent would set. Meal times allow for flexibility and where children and young people miss a set mealtime for any reason, there are arrangements either for them to make themselves a meal or snack or for something to be made for them.

10. Children and young people, including those with disabilities, have access to the kitchen appropriate to their age and abilities to make drinks and snacks. They have regular opportunities to plan menus, shop for food and prepare meals alone, or with staff and peers.
11. Where possible, office space within the home is designed to minimise an “institutional” feel and arrangements are made to minimise office noise and disruption for the children and young people living in the home.
12. The home adopts a proportionate, consistent approach in managing behaviour which is explained to and understood by all children and young people and staff and does not go beyond what would be expected from a reasonable parent. Methods of discipline for each child and young person (including any use of restraint or seclusion) and expected standards of behaviour are made clear to and understood by the child or young person and their parents before admission.
13. Any use of restraint or restriction on movement as part of managing behaviour is in line with Volume 4 of the Children Order Guidance and Regulations¹ and regional residential childcare policies.
14. Staff and children and young people and their parents have a clear understanding of the protocols for the involvement of the PSNI for criminal behaviour in line with regional guidance. Incidents of PSNI involvement are recorded and evaluated to ensure regional guidance is followed.
15. There is a policy for sleepovers outside of the home in line with regional guidance.

¹ This can be accessed at: www.dhsspsni.gov.uk/co-volume4-residential-care.pdf

Evidence

- Children and young people understand the boundaries placed on their capacity to manage their own behaviour and know the individual rules and sanctions that may be applied should these be overstepped.
- There is evidence that the home adopts a proportionate, consistent approach to fair, just and measured discipline.
- There are policies and procedures on managing behaviour which are in line with regional guidance and best practice. Staff demonstrate that they have been trained on and understand these policies and procedures.
- The home has photographs of current children and young people and their artwork or craft on display as might be seen in any family home.
- There are arrangements for celebrations for special or significant events in children and young people's lives as might be expected in any reasonable family home.
- There is evidence that visits to and from the home for children and young people and their friends are facilitated, supported and encouraged.
- Menu planning allows for special occasions and children and young people have opportunities to eat out with staff and groups of peers. Children and young people occasionally have takeaway food in line with what a reasonable parent might be expected to provide.
- Any letters sent to the child's school are written on plain paper and plain envelopes are used.
- Everyday brands of kitchen, laundry and cleaning equipment and sundries are used in the home. Children and young people are taught

how to use the equipment and encouraged to take responsibility for routine tasks, in line with their age, ability and level of maturity.

- The home has newspapers, magazines and other appropriate reading material available for children and young people in the home.
- Children and young people are able to exercise choice in the clothes and personal requisites they buy and to buy these in ordinary shops. They are given the choice of shopping alone or with the guidance of staff, subject to a risk assessment. Staff usually accompany young children.
- Children and young people are encouraged to travel on public transport alone or accompanied by staff subject to their needs and a proportionate risk assessment.
- Children and young people are able to keep their clothing, personal requisites and toiletries for their own exclusive use, subject to risk assessments on particular items. Where a child or young person's Care Plan specifies that they may not keep certain items for their own or others' safety, this is explained and understood by children and young people and staff and parents.
- Children and young people are actively involved in the daily routines of the home, for example in the purchasing and preparation of food and selection of decor – appropriate to their needs and abilities. Arrangements for the purchase of goods and provisions in the home include regular shopping in stores.

Standard 4 – Safeguarding Children and Young People

Children and young people feel safe and are safe in the care of the home. Arrangements are in place to safeguard them and help them understand how to protect themselves from harm.

Criteria

1. Children and young people are safeguarded and their safety and welfare are promoted within the home. They are protected from all forms of abuse (including peer abuse) and significant harm.
2. Staff actively promote the safety and welfare of children and young people living in the home and children and young people are empowered to protect themselves from abuse during their time in the home and as they move towards independence and adulthood.
3. Staff make positive relationships with children and young people in the home, generate a culture of openness and trust and are aware of and alert to any signs or symptoms that might indicate that a child or young person is at risk of harm.
4. Staff understand and are aware of the Regional Child Protection Policy and Procedures and the actions required in the event of a child or young person being deemed to be at increased risk of abuse or having suffered abuse. In these circumstances, staff are also aware of the need to fully involve the placing social worker in any decision-making.
5. There is a strategy for the prevention of bullying and a written policy and procedures in place for countering any incidents of bullying as they occur. The policy includes education for children and young people and staff in recognising and responding to bullying behaviour. The strategy and policy comply with regional policy on prevention of bullying.

6. Children and young people are empowered to understand cyber-bullying and what to do if they are subjected to it.
7. Children and young people are involved in discussion and decision-making regarding their own safeguarding and protection, including outside the home and on-line.
8. Children and young people are informed and know how to make a complaint or allegation of abuse.
9. There is a written protocol to be followed in the event of an allegation of abuse made about a member of staff. Children and young people and staff know how they will be supported in the event of an allegation being made.
10. There is a written policy and procedures in line with regional protocols identifying the action to be taken when a child or young person is missing from the home².
11. There is a written policy and procedures on whistle blowing in line with regional protocols.
12. Staff are assured of the registered manager's support if they express valid concerns about the care practices of colleagues and further assured of the support of more senior management if there are genuine expressed concerns about the practice of the registered manager.
13. The registered person understands and fully implements the regional procedures for notifying the relevant authorities (DHSSPS; RQIA;

² <http://www.hscboard.hscni.net/publications/Policies/030%20Safeguarding%20Children%20-%20Regional%20Guidance%20-%20Police%20Involvement%20in%20Residential%20Units%20-%20Safeguarding%20of%20Children%20Missing%20from%20Home%20and%20Foster%20Care%20-%20April%202011%20-%20PDF%205.4MB.pdf>

NISCC) of any staff (or former staff) believed to be unsuitable to work with children and young people.

14. Opportunities are provided regularly for staff to update their knowledge and skills as well as for more advanced and specialised training in safeguarding and child protection, particularly given the vulnerability of many children and young people to risks such as sexual exploitation. Training is appropriate to the role of staff.
15. Children and young people have access to trusted adults such as field social work staff, mentors or advocates outside the home and know how to contact helpline services such as Childline, Lifeline and the NSPCC.
16. Any child or young person who has been involved in abuse is provided with information, support and counselling. The child or young person is involved in the planning of the support programme.

Evidence

- There is a written policy and written procedures in place for safeguarding children and young people consistent with regional child protection guidance and all suspected, alleged or actual incidents of abuse, (including those where a child or young person is the alleged abuser) are dealt with in accordance with policy and procedures. Established procedures and protocols are followed in the event of an allegation of abuse made about a member of staff.
- Staff demonstrate awareness of the risks of sexual exploitation for children and young people in residential care and how to raise awareness of such risks.
- Safeguarding policies are made available to children and young people in a format which is understandable and accessible to them.

- Staff know and understand the whistle blowing policy and know how to raise concerns with the wider organisation and, if appropriate, with bodies outside the home and wider organisation.
- The age range and group composition of children and young people in the home is appropriate to the physical, social and emotional wellbeing of the group and to safeguard individuals.
- Safeguarding and child protection procedures are included in the induction programme for all staff.
- There is refresher training at least annually in safeguarding for all staff including domestic and ancillary staff.
- Within their probationary period of employment, staff complete training on and can demonstrate knowledge of:
 - Safe working practices with children and young people;
 - Methods of preventing abuse;
 - Indicators of abuse, including organised abuse, and signs that children and young people may need help;
 - Their role in responding to suspected, alleged or actual abuse; and
 - Reporting and recording suspected, alleged or actual abuse.
- Where the home employs staff from an agency or fieldwork staff on a short term basis, it is able to prove that they have completed training and demonstrated knowledge of the criteria above.

Standard 5 – Children and Young People Missing From Care

The care and support provided for children and young people minimises the risk that they will go missing and reduces the risk of harm should they go missing, in line with regional guidance³.

Criteria

1. Children and young people are supported to understand the dangers and risks they will face if they choose to absent themselves from the home without prior negotiation. They are made aware of the support they can access if they consider running away.
2. Staff are aware of current legislation and guidance on all reasonable actions they can take to prevent a child or young person from going missing.
3. Staff actively make efforts to locate or establish the whereabouts of children and young people who are missing, including working with police when the level of risk is appropriate. Children and young people are not brought to the attention of the police unless the level of risk warrants such action.
4. Staff follow the guidance on the return of the child or young person and work with Trust social workers, managers and other key professionals including the police to assess the reasons for going missing and what action should be taken to prevent the child or young person going missing in future. Any concerns arising about the placement are addressed as far as possible by the HSC Trust.

³ The regional guidance “Police Involvement in Residential Units. Safeguarding of Children Missing from Home and Foster Care” can be accessed at:
www.hscboard.hscni.net/publications/Policies/030%20Safeguarding%20Children%20Missing%20from%20Home%20and%20Foster%20Care%20-%20Regional%20Guidance%20April%202011%20-%20PDF%205MB.pdf

5. Staff work with children and young people to understand the reasons why they run away from the home and do so in a way which is unthreatening and interested in the child or young person's perspective. Children and young people are offered access to independent advocacy services on their return.
6. Written records kept by the home when a child or young person goes missing detail action taken by staff, the circumstances of the child or young person's return, any reasons for the child or young person running away from the home and any action taken in light of those reasons. This information is shared with relevant external bodies and the child or young person's parents (unless there are clear reasons not to do so) e.g. parents "harbouring" a "missing" child or young person / PSNI advice etc.

Evidence

- Staff implement the NI Guidance in relation to Missing Children and the home's policy in relation to children going missing and know their role in implementing that policy.
- Children and young people who are absent from the home without consent but whose whereabouts are known or are thought to be known by staff are protected in line with the home's written procedure. If the child or young person's whereabouts are known or thought to be known and the child or young person cannot be safely retrieved, PSNI assistance should be sought.
- Risk management documentation is referenced within individual case files. The case record evidences written documentation that demonstrates the action of staff in the home and the HSC Trust to manage risk pertaining to the young person. This can include multi-disciplinary safeguarding meetings and LAC review meetings.

Standard 6 - Promoting Good Health and Wellbeing

Children and young people live in a healthy environment where their physical, emotional and psychological health and wellbeing is promoted and where they are able to access the appropriate services to meet their health needs.

Criteria

1. Children and young people's physical, emotional and social developmental needs are understood and promoted and any necessary further assessments are undertaken. Children and young people undergo a medical assessment and have regular medical reviews in accordance with regulations.
2. The health assessment and plans promote the current and future health and wellbeing of the child or young person. Areas beyond physical health are covered – to include developmental health and emotional wellbeing. Plans are carried out in a way that empowers children and young people to take age appropriate responsibility for their own health and wellbeing in areas such as dental care, immunisations and good nutrition.
3. As soon as possible after admission, children and young people are provided with contact details for the LAC nurse.
4. Children and young people's views and experiences on their own health and wellbeing are sought and considered. In light of these experiences and their level of understanding, they are helped to understand their health needs, how to maintain a healthy lifestyle and how to make informed decisions about their own health and personal care and receive guidance on all aspects of their health, hygiene and personal appearance.

5. Children and young people are motivated and facilitated to participate in a range of activities that contribute to their physical and emotional health and independence skills. Staff attitudes to health and wellbeing form a positive role model for children and young people. Access to smoking cessation and substance misuse services is actively encouraged.
6. Children and young people's health and wellbeing is promoted in accordance with the Care Plan and staff are clear about what duties, responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained and from whom.
7. Children and young people have prompt access to doctors and other health professionals, including specialist services, as required. Children and young people, subject to their age and understanding (and with the agreement of the medical practitioner) and any concerns about their safeguarding and protection, choose whether or not they are accompanied when visiting health professionals.
8. Children and young people's wishes and feelings are taken into account in their health care, according to their understanding, and there are advocates to act on their behalf where required.
9. Staff are trained on health, hygiene and first aid. They should be aware of how to deal with a spillage of blood or bodily fluid and how to recognise the symptoms of infections and communicable diseases.
10. Staff receive guidance and training to provide appropriate care of the physical and sensory needs of children and young people with complex health needs.
11. Food and drink provided by the home is nutritionally balanced, in line with best practice guidance⁴. Children and young people are facilitated and supported to make their own choices about what and when to eat,

⁴ Best practice guidance can be found in *Nutritional Guidelines for Looked After Children*, 2011

however a community approach to mealtimes should be encouraged and a healthy diet is promoted.

12. Where appropriate to the group of resident children and young people and the objectives of the home as set out in the Statement of Purpose, there are staff (including peer educators where possible) who are appropriately trained and qualified to assess health and wellbeing needs and provide specialist advice on drug and alcohol misuse, sexual and mental health and tobacco. Staff should be made aware of and know how to signpost to external organisations, including Allied Health Professional programmes, that provide specialist help and support.
13. The home has good links with HSC services such as CAMHS, sexual health services and addiction/substance misuse services and the availability of such services is taken into account when deciding on admissions and Care Planning for children and young people. Staff are trained in mental health promotion and suicide awareness, including risk assessment.
14. There is access to specialist consultation on the psychological needs of children and young people on an ongoing basis.
15. Staff involved in delivering therapeutic interventions have appropriate training and expertise and access to regular supervision. Use of such therapeutic interventions within the home is regularly reviewed.
16. Specific interventions are only used in line with the Care Plan and:
 - Where there is a clear and widely acceptable theoretical or evidence base underpinning its effectiveness; and
 - With the continuing agreement of the child or young person's placing authority or a person with parental responsibility and of the child or young person concerned.

17. There is a policy and procedures around the storage, dispensing and disposal of medicines. For further details see Appendix 1.

Evidence

- There is a written record of all medical appointments, medication, treatment and first aid given to children and young people during their placement.
- Children and young people confirm that they have access to their medical records (subject to any redaction where third-party information is included) held on file unless criteria restricting such access are in place.
- There is a comprehensive personal and appropriate family medical history in each child's case file. This should include vaccination history and relevant information on any past and current infections and communicable diseases. This information is taken into account in promoting the child's health and wellbeing. Where third-party information is included in a child or young person's file, appropriate redactions are made to the record.
- Children and young people have appropriate supplies of personal toiletries, cosmetics and other requisites and know how to have these replenished and replaced when required.
- Staff demonstrate awareness of the needs of children and young people from different ethnic and cultural backgrounds and know when and how to seek specialist advice when necessary.
- Monitoring and evaluation systems are in place to measure the effectiveness and outcomes of health education and promotion programmes in the home.
- There is a record of the number of staff trained in Brief Interventions and Motivational Interviewing.

Standard 7 – Leisure Activities

Children and young people are able to enjoy their interests, develop confidence in their skills and are supported and encouraged to engage in leisure activities.

Criteria

1. Children and young people are supported and encouraged to take part in school-based and out of school activities as well as a range of interests and hobbies including leisure activities, sports, arts and trips.
2. Children and young people are encouraged and enabled to make and sustain friendships with children and young people outside the home. Friends from outside the home are able to visit the home and these visits be reciprocated.
3. Children and young people take part in appropriate peer activities as agreed by the home's staff in a way similar to how a reasonable parent might reach agreement with their children, taking into account the framework of the Care Plan decision-making and any assessment of need or risk to the child.
4. Staff understand what is in each child or young person's Care Plan and have clarity about decisions they can make about the day to day arrangements for the child or young person, including such matters as education, holidays, leisure activities, overnight stays and personal issues such as haircuts. Children and young people are made aware of the infection risks in relation to body piercing/tattoos in order to inform their decision making process.
5. Staff are aware of and understand the variety of regional and local strategies in place to encourage children and young people to become

involved in leisure activities and actively promote and encourage children and young people to take part.

6. Staff are supported to make reasonable and appropriate decisions within their authority without having to seek consent unnecessarily.

Evidence

- There is evidence that children and young people are offered the opportunities for a range of play and leisure activities including supervised and unsupervised activities and structured and unstructured activities.
- Children and young people understand the range of play and leisure activities open to them and are supported and facilitated to take part.
- Staff are aware of and work to implement the guidance for physical activity for children and young people⁵.

⁵ Guidance on physical activity can be accessed at: www.gov.uk/government/publications/uk-physical-activity-guideline

Standard 8 – Citizenship and Participation in Community Life

Children and young people are enabled to overcome barriers to be accepted as part of the community in which they live.

Criteria

1. Children and young people are part of the wider community in which they live and are enabled to participate in community life through links established by the home to community organisations for leisure, sports, arts and culture.
2. Children and young people understand, accept and demonstrate their rights and responsibilities as members of the wider community and build high quality relationships on this basis. They are enabled to make a positive contribution to their home and the wider community.
3. The home actively encourages children and young people to play a part in community life in age-appropriate areas such as volunteering, mentoring, apprenticeships, work experience and paid work. Where required, staff seek networks which offer opportunities in which children and young people can become involved.
4. Staff work with local communities to ensure an understanding of the purpose of the home and to counter any misunderstandings or misperceptions of the children and young people who live there and to minimise complaints. Where issues arise, these are dealt with effectively at a local level.

Evidence

- There is evidence that the home has made links with the local community to enable children and young people to feel part of their community and to ensure that they are contributing positively to society using their individual skills and talents.

- There is evidence that efforts have been made by staff to help children and young people retain links to relationships and community resources that are part of their pre-placement experiences.
- There is evidence of links to local organisations that provide pro-social models of behaviour and recreational/diversionary activities.
- Staff demonstrate a “good neighbour” approach in dealing with any negative impact caused by the behaviour of children and young people in or visitors to the home.

Standard 9 – Promoting Educational Achievement

The right of children and young people to an education is facilitated by the home. The education of children and young people is actively promoted as valuable in itself and as part of their preparation for leaving care and adulthood.

Criteria

1. Children and young people have a home which promotes a learning environment in line with their rights to education and supports their development and prepares them for leaving care and adulthood in line with the DHSSPS Leaving Care standards⁶. They receive encouragement from staff to have confidence about their ability to learn and achieve success.
2. Children and young people have access to a range of educational resources including appropriate information technologies and the internet, to support their learning and have opportunities beyond the school or college day to engage in activities which promote learning.
3. Children and young people are supported to attend school, college or alternative provision regularly. Additional tuition is provided for any child or young person whose Care Plan requires it or who seeks extra help with their studies.
4. Children and young people are encouraged and supported to participate in the school's extra-curricular activities and are given practical help to do so.
5. Staff actively contribute to the educational component of the UNOCINI, Care Plan and Personal Education Plan for each child and young person.

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http://www.dhsspsni.gov.uk/standards_leaving_care_services_in_northern_ireland_september_2012.pdf

6. Where children and young people are in residential care for short breaks, arrangements are agreed in advance for their transport to school and children and young people are supported and facilitated to have all their necessary assistive aids to enable them to complete their schoolwork and homework.
7. Staff engage and work with schools, colleges, other organisations and the placing authority to support children and young people's education including advocating to help overcome any problems the child or young person may be experiencing in their educational setting.
8. Agreed procedures are in place to facilitate joint effort between the home and relevant Education and Library Board to meet children and young people's educational needs. Staff have up-to-date information about each child's educational progress and school or college attendance record.
9. The home maintains regular contact with each child or young person's school, college and other education settings with staff attending all parents' meetings as appropriate, in line with the Care Plan. Staff advocate for the child or young person where appropriate.
10. Children and young people who have been excluded from school or college have access to appropriate education and training so that they are supported, encouraged and enabled to return to full-time education.
11. Where children and young people no longer receive compulsory full-time education, the home supports them to participate in further or higher education, training or employment.
12. Residential care staff are facilitated to work closely with staff in schools in order to develop agreed methods of assisting children and young people with disabilities in complementary learning in the home. Where

necessary, and in line with professional advice, specialised equipment is sourced to support children and young people's education.

Evidence

- Each child's file contains a copy of their Personal Educational Plan setting out a record of educational needs, goals and achievements. The file also contains a record of the child's educational history and any statement of Special Educational Needs (SEN).
- The Care Plan sets out how children and young people's attendance at school is monitored and supported and what systems are in place to achieve attendance.
- There is evidence that there has been an assessment of each child and young person to determine requirements for specialised equipment to support their needs.
- There is evidence that children and young people have access to online resources in order to complete school or college assignments.
- Children and young people confirm that they are consulted in advance about what personal information needs to be shared with the school and by the school.
- Children and young people are invited to attend and contribute to all meetings concerning their education and progress. Children are supported, prepared and empowered to participate meaningfully in such meetings.
- There is evidence that staff have arranged for young people to have careers information provided and that children and young people are supported in seeking work experience as well as part-time and vacation employment opportunities and further or higher education.

- Staff know who is the designated teacher for child protection issues in each school attended by children and young people in the home.
- Staff confirm that they are familiar with the Education and Library Board's policy for SEN and use this policy to inform their work as appropriate.

Standard 10 - Promoting and Supporting Contact

Children and young people have appropriate, constructive contact with their parents, siblings, half-siblings, members of the wider family (and foster family), friends and others who play significant roles in their lives.

Criteria

1. Children and young people are supported, encouraged and facilitated to maintain and develop family contacts and friendships subject to any limitations or provisions set out in their Care Plan or any Court Order and in line with regional Contact Practice Guidance. Contact arrangements are reviewed via the LAC Review of Arrangements and UNOCINI LAC Planning Pathway Process. Appropriate forms of contact are promoted and facilitated for each child and young person, such as visits to the child or young person in the home, visits by the child or young person to relatives, foster family or friends, letters, exchange of photographs and electronic forms of contact.
2. Staff are appropriately trained, supervised and supported if they are required to supervise and facilitate contact.
3. Staff monitor and record the outcomes of contact and when appropriate discuss them with the child or young person and relevant others.
4. Any restrictions on contact made to safeguard the child or young person are stated explicitly in their file. These are understood by staff and have been explained to the child or young person as agreed at the LAC meeting. The home has a copy of any Contact Order that has been made relating to a resident child or young person.
5. Where parental or family contact is difficult or inappropriate, efforts are made to encourage contact with a significant adult from outside the care system, such as an independent visitor.

Evidence

- Children and young people are supported and facilitated to maintain contact with their parents, families and significant people whether in or out of the home. This includes the provision of financial assistance where necessary.
- Opportunities are provided, in keeping with the Care Plan, for children and young people to meet their parents and family members in comfortable surroundings and in private (where appropriate and in compliance with the Care Plan). The potential impact of family contact on other children and young people in the home is considered when arrangements are being made.
- When deciding whether to offer a placement, the registered person works with the Trust to give consideration to how the child's contact with family and significant others will be supported, particularly where a child or young person is placed at a distance from home.

Standard 11 – Providing a Suitable Physical Environment

Children and young people live in safe, well designed and pleasant homes with adequate space in a suitable location where there is access to the necessary facilities for a range of activities which will promote their development.

Criteria

1. The home provides a comfortable and homely environment and is well maintained and decorated. Avoidable hazards are removed as is consistent with a domestic setting. Risk reduction does not lead to an institutional feel.
2. Reasonable adjustments to the home are made for children and young people with a disability.
3. The home is not identified by signage as being a children's home and the registered person takes action to minimise any conspicuous and institutional characteristics in its appearance, scale and address.
4. Children and young people are helped to personalise their rooms by modifying the decor or fittings when this is in keeping with their Care Plan and in agreement with the manager. Regard is given to fire precautions when decorating rooms to prevent unnecessary fire loading.
5. Children and young people know and understand the rules and dangers associated with smoking and other fire hazards within the home.
6. Each child or young person has their own bedroom.
7. A request by a child or young person to change bedrooms is given consideration and agreed if feasible.

8. Physical restrictions on normal movement within or from the home are not used unless this is necessary to safeguard children and young people and promote their welfare and development and in line with regulations and guidance. Such measures are only used where agreed with the Trust and, if appropriate, the parents and are in line with regional guidance on restraint⁷. Such restrictions for one child or young person do not impose similar restrictions on other children and young people⁸.
9. Security measures are in place to ensure there is no unauthorised access to the home. Where CCTV is in place in a home, it is used in line with the Information Commissioners CCTV Code of Practice⁹
10. In children's homes where specific measures (including electronic devices) are used to monitor children and young people, there is a written policy that sets out:
 - How they should be used;
 - How staff will be trained and deemed competent to practice their use;
 - How they promote the welfare of children and young people;
 - How children and young people will be informed of their use;
 - How legitimate privacy of children and young people will be protected; and
 - How children and young people will be protected from potential abuse of such measures.
11. The procedures for maintaining the premises, grounds, engineering services and equipment are in line with legislation and the manufacturer's and supplier's guidance.

⁷ www.dhsspsni.gov.uk/co-volume4-residential-care.pdf

⁸ Regional Residential Childcare Policies – HSCB – April 2012

⁹ http://ico.org.uk/for_organisations/data_protection/topic_guides/cctv

12. Structural changes to or change of use of the building and/or alterations to engineering services are approved by the RQIA and other authorities as appropriate.

Evidence

- The home is kept clean and in good repair. The registered person ensures that the re-decoration and maintenance service is responsive to the immediate requirements of the home and that damage, however minor, is repaired quickly.
- Staff convey in their attitudes and behaviours a regard for the home, its contents and safety and respect it as the children's home.
- Furnishings and decor are domestic in style, similar to those found in a family home and care is taken to create a homely environment. Children and young people's views on decor and furnishing are actively sought and any changes made to furniture and fittings in the home meet registration standards.
- Any necessary signage within the home is suited to the communication and age ranges of the children and young people living there.
- The grounds are kept tidy, free from hazards and suitable for children and young people to use for recreational purposes.
- The heating system is flexible enough to provide a range of temperatures throughout the home. Children and young people control or may influence the temperatures of their own bedrooms. In other areas used by them the expected temperature is 18°- 22°C.
- The temperature of hot water at wash hand basins, showers and baths accessible to children and young people is maintained in accordance

with the Safe Hot Water and Surface Temperature Health Guidance Note.

- The kitchen is domestic in operation and complies with food safety legislation. Environmental Health Reports are made available to the RQIA. Records are kept of all maintenance and servicing work undertaken and all required maintenance certificates and documents are available for inspection.
- There are provisions for cleaning spillages of blood or body fluids and staff have received training in this regard.

Standard 12 – Preparing for Commencing and Leaving a Placement

Each child's Placement Plan is agreed on admission to the home decided on the basis of an assessment of his or her needs, matched with the home's Statement of Purpose and its capacity to meet the needs of all its residents.

Criteria

1. The home has and implements clear procedures for introducing children and young people to the home, staff and other children and young people living there, which covers planned and (where permitted) emergency/immediate placements. Policies and procedures are compliant with the Northern Ireland policy on admissions and help children and young people understand what to expect from living in the home.
2. The registered person does not admit children and young people in an emergency unless this function is explicitly included in the Statement of Purpose.
3. The home has and implements clear policies for equality of access to care which adhere to legislative requirements and comply with regional guidance.
4. There is compliance with regional policies and procedures for placement planning. The home's procedures are flexible enough to respond to the needs of individual children and young people to ensure as positive an experience as possible.
5. Unless an emergency placement makes it impossible, children and young people are given information before arrival about the home and any other information they need or reasonably request about the placement. Information is provided in a format appropriate to their age and understanding, including photographs where appropriate. Wherever

possible, children and young people are able to visit the home prior to a placement decision being made. Children and young people can bring their favourite possessions into the home.

6. Prior to admission and on moving into the home, each child or young person is provided with an information pack (children and young people's guide). The information pack complies with the criteria set out on page 56 and is appropriate to the child or young person's age and understanding.
7. Each child or young person has an identified staff member to support them throughout the admission process. Children and young people's wishes are sought and considered in the selection and continued involvement of their keyworker.
8. Children and young people are encouraged and helped to express and cope with their feelings about the placement and the circumstances surrounding it. They understand the purpose and content of their Care Plan and the reasoning behind any decisions about their care.
9. The child or young person's first day in the home is planned to facilitate introductions and begin the process of integration with the resident group and the keyworker who have been engaged by staff in preparing for each new admission.
10. Children and young people are prepared for leaving the home and are helped to understand the reasons why they are leaving. There is particular emphasis on maintaining friendships and supportive relationships that have developed during their stay in the home. Children and young people are supported during the transition to their new placement.

Evidence

- There is adherence to the home's policy on the timeframe to be maintained between admissions.
- The identity of the key worker and his or her contact details are provided to the child or young person, his/her parents and to the social worker and other significant agencies involved with the child or young person in advance of a planned admission and within one working day of an emergency admission.
- The home's procedures provide for pre-admission visits by a child or young person with their parents or other significant adult where appropriate.
- There is an observable link between the Statement of Purpose and the daily operation of the home such as skills and training of staff, routines and working practices and relationships with other services.
- The child or young person's wishes are sought regarding the selection of a significant person to accompany them on their admission to the home and during the initial introductory period.
- The child or young person's room is prepared in advance with toiletries, towels and other sundries provided.

Standard 13 – Looked After Children (LAC) Reviews

Children and young people's needs and development are monitored through regular LAC reviews to which children and young people and homes contribute.

Criteria

1. The home contributes effectively to each child and young person's ongoing LAC review.
2. Staff support and encourage children and young people to participate in the LAC review process, including attending meetings to present their views. Where possible children and young people meet with the Chair prior to and following review meetings. The key worker prepares the child or young person in advance to participate fully and make their views known.
3. Children and young people are provided in advance with a copy of the Review report. The contents of the report should be explained to the child or young person by the keyworker or social worker in a way that is accessible and understandable.
4. Children and young people with additional communication needs are supported and facilitated to participate fully in reviews and are supported and facilitated to ensure their views are heard and acted on.
5. Staff inform children and young people of who will be attending and consult with them on any others that they wish to be invited. Staff ensure that the Chair of the review is aware of the children and young people's wishes in advance of the meeting. Where a person must attend against the wishes of a child, the reasons for their attendance are clearly explained to and understood by the child in line with guidance on LAC Reviews.

6. Where children and young people request the presence and participation of a significant adult such as an independent visitor at the Review, this is facilitated.
7. Staff work with the Chair of the review to ensure that third parties who are invited to attend reviews only remain for the part of the meeting which is pertinent to them. Where children or young people have expressed a view, staff ask that the Chair considers the requirement for all attendees to stay for the entire meeting and where appropriate asks them to leave.
8. Children and young people are prepared in advance for the potential outcome of review meetings and where the outcome is not what they may have hoped, they are helped to understand and work through their reactions and emotions.
9. Children and young people understand their rights to privacy and freedom of expression in maintaining the confidentiality of the reports from review meetings. They are advised and given guidance on the potential implications of sharing their personal information with others.

Evidence

- Children and young people are advised in writing of the date, time and venue of their review meetings and are kept informed of any changes to these arrangements.
- Residential Social Work Staff should ensure that children and young people contribute to drafting the review report and a copy of the report is made available to the child or young person at least two days before the meeting for which it has been written.
- Children and young people are entitled to a copy of review minutes and are assisted to understand them and to keep them safely. Where

necessary, review minutes are translated or communicated in a form best suited to the child or young person and their parents.

- The keyworker and other staff:
 - Contribute to reviewing the child's progress in the placement, including their health and emotional development and education;
 - Attend meetings concerning the child or young person as required by the Placing Authority; and
 - Provide relevant information on an ongoing basis to the Trust and report on views expressed to them by children and young people, parents, carers and significant others.

- The record of discussions and decisions made resulting from all reviews and the minutes of review meetings are entered into the child's file within agreed timescales. Individuals responsible for pursuing actions within timescales arising from the reviews are clearly identified. Children and young people are kept informed of progress towards agreed goals.

Standard 14 - Promoting Independence, Moves to Adulthood and Leaving Care.

Young people receive care which helps them to prepare for and supports them in the transition to independence and adulthood so that they can reach their potential and achieve emotional and economic wellbeing.

Criteria

1. Children and young people receive a service that provides continuity of care and stability in placement. The home ensures that their responsibilities as corporate parent are met by meeting the holistic needs of children and young people in their care or agreeing outcome measures that will assist in building their resilience.
2. Preparation for adulthood is a gradual process and must be in keeping with legislative requirements, guidance, individual needs, abilities and within agreed timescales. The agreed plan must take appropriate account of young people's wishes and preferences.
3. Young people are supported to:
 - Establish positive and appropriate social and sexual relationships;
 - Believe in their potential and are encouraged to gain confidence by staff through acknowledging successes and challenging them on areas where they can grow;
 - Prepare for the world of work and/or further or higher education;
 - Prepare for moving into their own accommodation;
 - Develop and manage practical skills, including shopping, buying, cooking and storing food, washing clothes, personal self-care and understanding and taking responsibility for personal healthcare;

- Make their own transport arrangements such as by making use of public transport;
 - Develop personal safety skills including road and fire safety;
 - Develop financial capability, knowledge and skills; and
 - Know and are aware of entitlements to financial and other support after leaving care, including benefits and support from social care services.
- 4. The home contributes to the development of each young person's Care Plan, including the pathway for care leavers and works collaboratively with the young person's social worker and personal adviser in implementing the plan.
- 5. The home liaises with the young person's placing authority about the progress of their capabilities to move to any future accommodation where they would be expected to take on greater responsibility and personal independence.
- 6. The home supports the young person's transition to adult services.

Evidence

- Staff are trained in providing support for children and young people in the transition to adulthood and moving to independent living.
- Each young person is encouraged to manage their own money, save and engage in budgeting tasks when paid their personal allowance.
- Staff provide or arrange practical skills training for each young person covering areas such as finances, health, leisure, personal support, training, education, employment, social skills and relationships.

- Each young person has a named personal adviser and a written pathway plan which is undertaken in partnership with the young person and all other appropriate representatives (carers, relevant professionals, family, other agencies and disciplines).
- Pathway plans reflect the young person's development stage and capacity, emotional wellbeing and cognitive ability.
- Young people are encouraged, supported and offered a range of incentives including financial support to pursue further and higher education, training and employment.
- Young people's views and experience influence the development of the services provided.
- There is good quality training and development available which staff are encouraged to support and undertake in relation to preparing young people for adulthood and independent living.
- There are joint working arrangements in place with housing agencies, education, training and employment services, employers and benefit providers to support each young person leaving care.

Standard 15 – Statement of Purpose and Children and Young People’s Guide

Children and young people, staff and the placing authority are clear about the aims and objectives of the home and what services and facilities it provides. The provider meets the aims and objectives of the Statement of Purpose.

Criteria

1. The home has a clear Statement of Purpose which conforms to the criteria set out in regulations and on page 81 of this document.
2. The Statement of Purpose is available to and understood by staff and children and young people and is reflected in all policies, procedures and guidance. It is available to the placing authority, RQIA and any parent or person with parental responsibility.
3. The aims and objectives of the Statement of Purpose are child-focused and show how the service will meet outcomes for children and young people and demonstrate the culture and ethos of the home.
4. There is a Children and Young People’s Guide to the home which includes information about:
 - The home and the services it provides;
 - The management arrangements for the home;
 - Children and young people’s rights;
 - The expectations of children and young people’s behaviour and attitudes in the home;
 - Advocacy and mentoring;
 - Complaints and representations, including **how** to make a complaint and the support available to do so;
 - Procedures for dealing with unauthorised absences and children or young people going missing from the home; and

- How children and young people can contact the Northern Ireland Commissioner for Children and Young People (NICCY), Voice of Young People in Care (VOYPIC) and RQIA.
- 5. The registered person approves the Statement of Purpose and the Children and Young People's Guide and reviews them at least annually.
- 6. The Children and Young People's Guide is written in such a way that it is appropriate to each child's age and understanding and is available when necessary through suitable alternative methods of communication such as Makaton, pictures, translation etc.
- 7. The home ensures that each child, suitable to their age and understanding, receives the Children and Young People's Guide at the point of placement.
- 8. The contents of the guide are explained to the child or young person in a way that is accessible and meaningful to them.
- 9. Any proposed amendment to the Statement of Purpose is discussed and approved by RQIA in a timely way.

Standard 16 – Governance

Management Systems are in place that assure the delivery of quality care within children and young people's residential services.

Criteria

1. The organisation has a coherent and integrated organisational and governance strategy in respect of children and young people's residential services. This is commensurate with the needs, size and complexity of the service. There are clearly identified lines of professional and corporate accountability which assure the effective delivery of the service.
2. The organisation has systems in place to discharge, monitor and report on the delivery of its functions in line with legislative requirements, DHSSPS Minimum Standards and other related standards for residential children and young people's services. Issues arising (including adverse incidents and complaints) are reported to the registered person and relevant key stakeholders for attention and action.
3. There are structures and processes to support, review and action the organisation's governance arrangements for children and young people's residential services. This includes, but is not limited to, corporate, financial, health and safety, social and clinical care, information management and research governance arrangements.
4. There are systems for identifying escalating risks to service provision and management structures in place to effectively respond to identified risks. There are policies and procedures in place to prevent, identify, manage and review adverse incidents to prevent reoccurrence and assure learning across the service.
5. The organisation has policies and procedures in place to protect children and young people and to safeguard their rights and welfare in line with

regional child protection guidance and custom and practice across the sector.

6. The organisation has a workforce strategy that ensures clarity in respect of structure, function, roles and responsibilities of staff. Each person from the registered person to front line staff is fully aware of, supported, and trained to fulfil their responsibilities within the governance arrangements.
7. There are robust human resource policies and procedures in place to ensure the workforce planning, skill mix, recruitment, training, supervision and development opportunities to deliver the service in compliance with DHSSPS policy and guidance, professional codes of practice and employment legislation.
8. The organisation has systems in place to monitor, audit and review the quality of care within their homes. The findings of such activity are acted upon and disseminated across the service and region where appropriate. The quality of services provided is evaluated on at least an annual basis and all required action taken.
9. There are feedback mechanisms in place which integrate the views of young people, their relatives and carers and staff into the evaluation and review of the quality of care. This is informed by research and relevant evidence bases that guide good practice in the sector.
10. There are systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available to key stakeholders in a timely manner.
11. The organisation provides regular reports to its executive and non-executive board (where these are in existence) on social care governance arrangements and on-going continuous improvement within the organisation.

Standard 17 – Staffing

The home employs sufficient numbers of staff with appropriate qualifications, training and experience to support and meet the needs of children and young people.

Criteria

1. The overall number, competence and deployment of staff both as a staff group and on individual shifts can fulfil the home's Statement of Purpose and meet the individual needs of all children and young people resident there.
2. The registered manager ensures that arrangements are in place to support staff in day-to-day decision making.
3. Students on practice placements, trainees and volunteers are not taken into account when calculating the staffing requirements.
4. The registered manager ensures that the person in charge of the home at any time is qualified, competent and sufficiently experienced and supported to manage this responsibility.
5. Administrative and ancillary staff are employed to ensure that standards relating to their respective roles and responsibilities are met.
6. All staff, including those contracted in to provide specific services are clear about their roles and responsibilities. They are vetted, properly managed and understand to whom they are accountable.
7. There is a staff rota that has time scheduled to ensure handovers are held and that they include planning for spending time with individual children and young people. Records of rotas are maintained.

8. The registered person has a strategy to promote that the staff group working within the home is made up of both genders. Where necessary and appropriate, the registered person has used the exemption in the Sex Discrimination (NI) Order 1976, Article 10 (2) (e) to ensure the gender balance.
9. All care staff are at least 21 years old and staff who are given sole responsibility for children and young people or a management role are at least 21 years old (students on placement who are not part of the staffing complement are not included in this requirement). Within this requirement, no person works in a children's home unless they are at least four years older than the oldest child or young person accommodated.
10. Staff are equipped with the skills and training required to meet the needs of the children and young people and in the practice model adopted by the home. Staff comply with NISCC and NMC post-registration training requirements.
11. Staff involved in helping children and young people with intimate care or with moving and handling have completed appropriate training, follow written practice guidelines and have regular reviews of their competence.
12. There are written policies and procedures on staff evaluation and supervision. There is regular supervision for all staff including ancillary and support staff, students, trainees and volunteers. Supervision includes monitoring of adherence to professional codes of practice. Records of supervision are maintained.
13. Professionals and ancillary staff who are contracted to provide specific services receive guidance and support that corresponds to the roles and responsibilities.

14. Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development and training plans.
15. The home's safeguarding and child protection procedures, including how a staff member will be supported should an allegation be made, are available to staff and volunteers. Investigations into allegations or suspicions of harm are handled fairly, quickly and consistently in a way that provides effective safeguarding and protection for children and young people and the person making the allegation, whilst at the same time appropriately supporting the staff member who is the subject of the allegation.
16. A clear and comprehensive summary of any allegations made against a particular member of staff is kept on their confidential file and a copy provided to them as soon as the investigation is concluded. The information is retained on the confidential file, even after someone leaves the organisation, until the person reaches normal retirement age or for ten years if this is longer. Information is provided to the appropriate regulatory body (eg NISCC, NMC etc).

Information should include:

- Details of how the allegation was followed up and resolved;
- A record of any action taken; and
- The decisions reached.

Evidence

- Children and young people and staff are informed of and know the roles and responsibilities of students, trainees and volunteers.
- Staff meetings take place on a regular basis and at least monthly. Staff are expected to regularly attend such meetings. Records are kept to include:

- The dates of all meetings;
- The names of those attending and any apologies;
- Minutes of any discussions; and
- Any actions agreed.

Standard 18 – Management of Records

Clear documented systems are in place for the management of records in accordance with legislative requirements and regional guidance for records management in residential childcare.

Criteria

1. The home has a policy and procedures for the management of records that details arrangements for the creation, use, retention, storage, transfer, disposal of and access to those records. The policy and procedures are in line with legislation, DHSSPS policy, procedures, guidance and best practice standards.
2. Recording practice is in line with professional standards and in accordance with NISCC codes of practice.
3. Children and young people have access to their records in accordance with the Data Protection Act 1998 and where appropriate with the Freedom of Information Act 2000. Children and young people and their parents understand the nature of records maintained and how to access them.
4. The information held on records is accurate, up-to-date and necessary. Information about individual children and young people is kept confidential and only shared with those who have a legitimate need to know the information.
5. Records are held securely for the period of time as specified in regulations and disposed of in accordance with legislation and guidance.
6. Staff support and encourage children and young people to reflect and understand their history according to their age and understanding and to keep appropriate memorabilia of their time in the placement. Staff record

and help children and young people to make a record of significant life events.

7. The registered person works with the placing authority to ensure effective sharing of information. The registered person provides copies of the records and documents in relation to children and young people placed by the placing authority immediately on receipt of a written or electronic request.

Evidence

- Records required under the HPSS (Quality Improvement and Regulation) (NI) Order 2003 (Regulations) are up-to-date, accurate and available for inspection in the home at all times.
- Staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.
- There is a system in place to monitor the quality, accuracy and adequacy of record keeping and take action when required.
- Entries in records are legible, clearly expressed, non-stigmatising and as far as possible distinguish between fact, opinion and third party information.
- Information about the child or young person is recorded clearly and in a way which will be helpful to the child or young person when they access their files now or in the future. Children and young people are actively encouraged to read their files, other than third party or confidential information, and to correct errors and add personal statements.

Standard 19 – Short Break Care

Children and young people using short break services receive an experience that supports their personal, social and educational development.

Criteria

1. Children and young people with a disability have the same opportunity to make choices as other young people. They are supported to express their opinions, views and preferences by staff who understand their communication needs and know how to engage with them using verbal and non-verbal methods.
2. The home operates in a way which is not restrictive and upholds and supports the rights of children and young people with disabilities. Policies are available in easily accessible and understandable formats according to each child or young person's age, level of understanding and ability.
3. Children and young people with a disability are cared for according to their assessed needs by staff who are trained to deal with their individual healthcare needs. Where children and young people have very complex or specialist needs, they and their parents or carers can be confident that systems are in place to receive appropriate advice to care for them.
4. Children and young people with a disability are supported and enabled to express choices and to give their consent regarding the provision of intimate care. These choices and wishes are taken into account by staff. Where children and young people are unable to express consent, this is received from their parents or carers in line with regional guidance.
5. Where children and young people require specialist equipment, this is provided to allow them to exercise their choices and rights. Children and young people with a disability have the right to expect reasonable

adjustments to the home to allow them to have as full an experience as possible during their short break.

6. Staff support children and young people who need help with feeding by appropriate methods including a liquidised diet, adapted cutlery or help from a staff member. Staff monitor and review anything that may affect the child or young person's ability to eat or drink such as dental health and contact relevant services as per the individual's plan.
7. Staff inform those responsible for planning the care of children and young people with complex healthcare needs if there are changes to the individual's circumstances that affect how the home can meet their needs.
8. Staff have close working relationships with parents and carers and other agencies involved in the child or young person's care, including education.
9. Children and young people are supported and facilitated to continue their school or college work in the home where necessary. Staff are able to assist them with homework or coursework where appropriate and children and young people have access to necessary resources including those online and a suitable area in which to study.
10. Children and young people's right to an education is maintained whilst on their short breaks and the home has arrangements in place to ensure their transport to and from school or college as necessary.
11. Children and young people with disabilities are supported and facilitated to make complaints and representations in a way best suited to their needs. There are systems in place to support children and young people and their parents through the process for complaints and representations.
12. Staff are trained to recognise cues (which may be non-verbal), distressed reactions and behaviours that indicate unmet need and act on them accordingly. Staff understand and demonstrate that behaviour which challenges others may be an expression of unmet need or other "ill being"

and is responded to in a supportive way, using the least restrictive methods possible.

13. Staff act as advocates for children and young people where necessary and appropriate and also ensure that there is access to other forms of advocacy (including through parents or siblings as well as independent advocates).
14. Children and young people in short break care are allowed their personal mobile phones to maintain contact with their family and friends whilst in the home. There is space in the home where children can make private calls.
15. Children and young people in short break care are offered the opportunity for activities that match their abilities. This may be in groups of similar ability or age or individually according to their preference.
16. Careful consideration is given regarding staff uniforms and the use of insignia on buses and the effects these may have on the wider community's perception of the children and young people living in the home.
17. Where young people with disabilities are moving on to adult services, the home works with adult services to introduce the young people to their new service and ensure that the adult service has all the information for a smooth transition.
18. In short break care where electronic monitoring devices such as CCTV are installed in bedrooms for the safety of children and young people with a particular condition, the children and young people concerned and their parents understand why it is there and how it is used. Where children and young people who do not require such monitoring subsequently use these rooms, the equipment is removed if possible, or lenses visibly covered and an appropriate explanation given to children and young people (and their parents) so they do not feel under surveillance.

Evidence

- Staff are trained and qualified to care for the individual needs of the children and young people in their care. Staff have received disability-specific training.
- Staff demonstrate that they understand the communication needs and preferences of the children and young people in their care and can engage with them through a range of methods (including non-verbal cues).
- Staff have been trained on the use of methods for managing behaviour which challenges others. Staff demonstrate that they use the least restrictive methods possible in managing such behaviour, understanding that it may be the manifestation of unmet need or other “ill being”.
- Staff are aware of and can demonstrate understanding of the home’s policies and procedures on intimate care.
- Staff demonstrate how they provide holistic care for the children and young people using short break services, so that the focus of attention is not solely on the “main” disability or need and other generic health and wellbeing needs are understood and acted upon.
- There is evidence that a range of appropriate activities is provided for children and young people, both inside and outside of the home.
- There is evidence of engagement with parents and carers to ensure the needs, preference and choices of children and young people with very complex or specialist needs are met.
- Staff demonstrate that they understand the specific needs and potential additional issues for children and young people with disabilities in relation to safeguarding and have been trained as necessary in this area.

Standard 20 – Secure Accommodation

Children and young people living in a secure children's home experience positive support with their problems as well as security and receive the same measures to safeguard and promote their rights and welfare as they should in other children's homes.

Criteria

1. Apart from the measures essential to the home's status as secure care provision, children and young people receive the same care services, rights and protections as they should in other children's homes.
2. A child or young person's liberty is restricted only when he or she meets the criteria set out in Article 44 of the Children Order and when there are clear aims and objectives for placement. The registered person monitors the compliance of the placing authority in relation to Children Order Regulations.
3. Admission documentation requested from the placing Trust will include information about the child or young person's personal/social background with specific focus on adverse childhood experiences or any known trauma history.
4. Whenever a child or young person is admitted to secure care, he/she will be engaged in an admission process within 24 hours, which ensures his/her orientation in the unit and understanding of the reasons for the placement.
5. Within the timescales set out in regulations regarding an admission to secure care, a LAC Review will be held to agree a plan of work to be undertaken and to outline a strategy to progress the child or young person's return to his/her community placement.

6. The registered person ensures that records specific to secure care are kept in compliance with the relevant Regulations.
7. The issues that precipitated the need for a secure care placement are addressed through focused therapeutic work which has identified outcomes. This work should include preparation for the child or young person's return to their community placement.

Standard 21 - Complaints

All complaints are taken seriously and appropriately dealt with.

Criteria

1. The registered person ensures that the home's complaints procedures comply with The Representations Procedure (Children and Young people) Regulations (Northern Ireland) 1996¹⁰ and other relevant legislation, guidance and procedures.
2. A copy of the home's complaints procedure is given to children and young people, their parents and/or significant others. The procedure is understood by and accessible to them depending on their age and ability. The procedure is available in a range of formats and languages as required.
3. Children and young people know how, and feel able, to complain if they are unhappy with any aspect of living in the home. Contact cards, letters (stamped and addressed) and other means of raising issues and complaints suited to a child or young person's age, ability and level of understanding are available at all times.
4. Children and young people are assured that raising a complaint will not result in them being treated unfavourably in the home. They are also assured that details of their complaint will not be widely shared beyond those who need to know.
5. Children and young people are encouraged to raise and discuss general concerns in regular children and young people's meetings, which are minuted and brought to the attention of the manager.

¹⁰ The Representations Procedure (Children and Young people) Regulations (Northern Ireland) 1996 can be accessed at: http://www.opsi.gov.uk/sr/sr1996/Nisr_19960451_en_1.htm

6. Staff are provided with information and training on the procedures for receiving and dealing with complaints, including attempting to resolve complaints informally as a first step, and the action to take when a complainant remains dissatisfied.
7. The complaints procedure sets out the investigative process with specified timescales for action. In the event that these timescales cannot be met, complainants are kept informed of the reasons for delays.
8. An independent person is involved from the outset of considerations of any complaint. Where the first stage consideration has not satisfied the complainant, a panel that includes at least one independent person is convened to consider the complaint.
9. The home has a Complaints Record Book in which details of every complaint are kept securely. This record is monitored on a monthly basis.
10. A written record of a complaint is kept in the relevant child's or young person's case file. The registered person ensures that a record is also kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome.
11. Children and young people are encouraged to sign the record to indicate their satisfaction or otherwise with the management and outcome of the complaint.
12. A systematic audit of complaints is carried out to identify recurring issues. There are mechanisms in place to use the information gained to improve the quality of the service.
13. The annual monitoring report for the home addresses the issues raised in complaints and the number and sources of complaints received.

Standard 22 - Safe and Healthy Working Practices

The health and safety of children and young people, staff and visitors is protected.

Criteria

1. The Health and Safety procedures comply with legislation and cover:
 - The maintenance of equipment;
 - Working practices that are safe, with risks to health and wellbeing assessed and managed appropriately;
 - The maintenance of a safe and healthy working environment; and
 - A safe and healthy place of work with safe access to it and egress from it.

2. The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:
 - Fire safety;
 - Infection control;
 - Health protection;
 - Moving and handling;
 - First aid;
 - Accident prevention;
 - Food hygiene;
 - Control of Substances Hazardous to Health (COSHH);
 - Smoking;
 - Maintenance and use of all equipment and machinery; and
 - Maintenance and use of a vehicle for transporting children and young people.

3. There are arrangements in place to ensure that the person-in-charge of the home at any given time receives all information necessary to fulfilling his/her health and safety responsibilities.
4. There is a designated member of staff to receive and act on health and safety information and information from the Northern Ireland Adverse Incident Centre (NIAIC). Adverse incidents involving medical devices and equipment are reported to NIAIC and any required action is managed appropriately.
5. Risk assessments are carried out for all areas of work, in liaison with relevant others. Significant findings of the risk assessments are recorded and action is taken to manage identified risks.
6. Essential health and safety information is provided for children and young people, and others who visit the building, in formats that may be readily understood.
7. Where necessary, staff are provided with protective clothing and equipment suitable for the job, to prevent risk of harm or injury to themselves or others.
8. There are arrangements in place to provide staff with access to occupational health and staff care services when necessary.
9. There is a current Fire Safety Risk Assessment and Fire Safety Policy and Emergency Fire Action Plan that is revised and actioned when the fire risk has changed.
10. The physical fire safety precautions are provided and maintained in accordance with relevant legislation, manufacturer's and installer's guidance, current guidance documents and British Standards.

11. Action recommended following fire inspections is taken. The registered person sends any report made by inspectors that highlights areas for action following an inspection by them, to the RQIA.
12. All staff are trained in the fire precautions to be taken in the home, including the actions required in case of fire. This training is provided by a competent person at the start of employment and at least twice every year.
13. There is an identified competent person who is responsible for the fire safety in the home. There are arrangements in place to ensure the person in charge of the home at any given time has the information necessary to fulfil his/her fire safety responsibilities. Children and young people learn about fire safety precautions in the home.
14. Staff and resident children and young people participate in fire evacuation drills in accordance with procedures agreed with the local HSC Trust and the RQIA. A record of the date and time of each drill, the attendees, and the time taken to evacuate the building, is maintained. Action taken on problems or defects is recorded.

SECTION 2

REQUIREMENTS FOR REGISTRATION

Registration

This section sets out the requirements that must be met by statutory, voluntary and private providers of children's homes to obtain registration. Articles 12 to 22 of The HPSS (Quality, Improvement and Regulation) (NI) Order 2003, deal with registration and should be read in conjunction with this section.

The statement of purpose defines what services and facilities the children's home will provide whilst the detail of how they will be provided should be set out in the home's written policies and procedures.

An individual or partnership who intends to carry on a home must be registered and is referred to as the registered person. An organisation intending to carry on a home is required to nominate one person to be registered on behalf of that organisation and he/she is referred to as the registered person.

The manager of the home must be registered and is referred to as the registered manager. The registered person may also be the registered manager. Those applying for registration as the registered person and/or the registered manager must meet the relevant criteria for fitness for these positions.

The design and construction of the home and grounds must be suitable for their stated purpose and provide a comfortable, safe and enabling environment.

The environmental requirements for a home are separated into:

- Standards for new buildings N1-N50. These apply to new buildings that require to be registered as homes and new extensions to any existing registered home.

- Standards for existing buildings E1-E45. These apply to buildings that already operate as homes and are seeking registration for the first time or re-registration after changing ownership.

There must be evidence that the following requirements are met prior to homes and persons being registered.

Statement of Purpose

The written statement of purpose for the home includes the following information:

1. A statement of the overall aims of the children's home and the objectives to be attained with regard to children and young people accommodated in the home.
2. A statement of the facilities and services to be provided for the children and young people accommodated in the children's home.
3. The name and address of the registered provider, and of the registered manager if applicable.
4. The relevant qualifications and experience of the registered provider, and of the registered manager if applicable.
5. The number, relevant qualifications and experience of persons working at the children's home, and if the workers are all of one sex, a description of the means whereby the home will promote appropriate role models of both sexes.
6. The arrangements for the supervision, training and development of employees.
7. The organisational structure of the children's home.
8. The following particulars:
 - a) the age-range, sex and numbers of children and young people for whom it is intended that accommodation should be provided;
 - b) whether it is intended to accommodate children and young people who are disabled, have special needs or any other special characteristics; and

- c) the range of needs (other than those mentioned in subparagraph (b)) that the home is intended to meet.
- 9. Any criteria used for admission to the home, including the home's policy and procedures for emergency admissions and if the home provides for emergency admissions.
- 10. If the children's home provides or is intended to provide accommodation for more than eight children and young people, a description of the positive outcomes intended for children and young people in a home of such a size, and of the home's strategy for counteracting any adverse effects arising from its size, on the children and young people accommodated there.
- 11. A description of the children's home's underlying ethos and philosophy, and where this is based on any theoretical or therapeutic model, a description of that model.
- 12. The arrangements made to protect and promote the health and welfare of the children and young people accommodated at the home.
- 13. The arrangements for the promotion of the education of the children and young people accommodated there, including the facilities for private study.
- 14. The arrangements to promote children and young people's participation in recreational, sporting and cultural activities.
- 15. The arrangements made for consultation with the children and young people accommodated about their future care and the operation of the children's home.

16. The arrangements made for the control, restraint and discipline of children and young people.
17. The arrangements made for safeguarding, child protection and to counter bullying.
18. The procedure for dealing with any unauthorised absence of a child or young person and for a child or young person who is “missing” from the home.
19. A description of any electronic or mechanical means of surveillance of children and young people which may be used in the children’s home.
20. The fire precautions and associated emergency procedures in the children’s home.
21. The arrangements for the children and young people’s religious observance.
22. The arrangements for contact between a child or young person and their parents, relatives and friends.
23. The arrangements for dealing with complaints.
24. The arrangements for contributing to the review of placement plans under Article 45 of the Children and Young People Order.
25. The type of accommodation, including the sleeping accommodation, provided, and, where applicable, how children and young people are to be grouped, and in what circumstances they are to share bedrooms.

26. Details of any specific therapeutic techniques used in the home, and arrangements for their supervision.
27. A description of the children's home's policy in relation to anti-discrimination practice as respects children and young people and their rights.

In addition, the home has policies and procedures which address the issues listed in Appendix 2.

Fitness of the Registered Person

To determine the fitness of the person applying for registration the following are required:

- Confirmation of the applicant's identity;
- Two satisfactory written references;
- Satisfactory AccessNI checks and police checks. (Where an applicant is from a country outside the U.K. pre-employment and police checks are carried out with the national agency in the country of origin);
- Evidence of qualifications and registration with any professional regulatory bodies;
- Pre-employment health assessment;
- Financial/Business plan; and
- Adequate insurance arrangements (Independent sector only).

In addition, the RQIA is assured through the registration process that the person:

- Has knowledge and understanding of his/her legal responsibilities;
- Intends to carry on the children's home in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations;
- Intends to undertake training to ensure he/she has the necessary, up-to-date, knowledge and skills; and
- Will adhere to the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers.

Fitness of the Manager

To determine the fitness of the person applying for registration as the manager the following are required:

- Confirmation of the applicant's identity, including a recent photograph;
- Two written references, linked to the requirements of the job, one of which is from the applicant's present or most recent employer;
- A full employment history, including the reason why each employment ended and an explanation of any gaps in employment;
- Satisfactory AccessNI checks and police checks. (Where an applicant is from a country outside the U.K. pre-employment and police checks are carried out with the national agency in the country of origin);
- Documentary evidence of appropriate qualifications and registration in accordance with DHSSPS policy and guidance;
- Documentary evidence of any accredited training; and
- A pre-employment health assessment.

In addition the RQIA is assured, through the registration process that the person:

- Has knowledge and understanding of his/her legal responsibilities;
- Has knowledge of current health and social services provision;
- Intends to manage the home in accordance with relevant legislation, DHSSPS Minimum Standards and professional standards; and
- Will maintain registration with NISCC.

Fitness of the Premises- New Homes and Extensions

(The following set of requirements N1 – N50 applies to **new establishments** that require to be registered as homes and, with the exception of N1, to **new extensions** to any existing homes.)

The location, design and construction of the children's home, and its grounds, are domestic in scale and appearance, suitable for their stated purpose and provide a comfortable and safe environment.

Location

N1. The location of the home gives reasonable access to public transport, schools, shops, leisure facilities and other amenities. It is not within a complex of institutional facilities.

Premises and Grounds

N2. The building and grounds are designed to comply with all relevant legislation and guidance documents. Certificates and commissioning documents with regard to engineering services and plant, and approval letters and letters certifying completion of works, confirm this.

N3. The home is not identified by signs as being a children's home and the registered person takes action to minimise institutional characteristics in its appearance and scale.

N4. There are car parking spaces for visitors and staff consistent with the numbers of children and young people to be accommodated and the people to be employed in the home.

N5. There is clear access to and egress from the home for emergency and other vehicles and there is suitable manoeuvring space for service vehicles using the site.

- N6. There is safe and easily accessible outdoor space, with activity areas designed to meet the needs of the children and young people for whom the home is designed, taking into account their abilities and disabilities.
- N7. The minimum corridor width, in areas used by children and young people is 1.2m, except where it is planned to accommodate those who use wheelchairs or who need assistance with walking, where the minimum width should be 1.5m.
- N8. The doorways in areas used by children and young people have a clear opening width of at least 800mm but where easy passage of wheelchairs, or assistance for children and young people is required a wider doorway is provided. Corridor doors have vision panels.
- N9. Where door closers or hold-open devices are required, they are of a heavy duty, concealed type.
- N10. All areas used by children and young people, including those with a physical disability or sensory impairment, are accessible to them. Ramps, passenger lifts, signs and other aids are provided where required.
- N11. Where necessary to the home's statement of purpose, suitably positioned hand and grab rails, hoists, communication aids, and other equipment, including assistive technology are installed to meet the specific needs of children and young people or young people with a disability and to promote their independence.
- N12. Call points, accessible to children and young people, including those with a disability, are provided in every room that they use and are linked to a system that alerts staff when a call is being made.

N13. There is both natural and good quality artificial lighting in all areas, suitable for the needs of children and young people and for any activities that are planned. The artificial lighting is domestic in character, sufficiently bright and positioned to facilitate reading or other activities.

N14. All areas used by children and young people are naturally ventilated, with opening windows, which have safety glazing and guarding where necessary. Window openings are controlled to a safe point of opening of no more than 100 mm, which cannot be overridden. Frosted or obscured glass is fitted as required to ensure privacy.

N15. The home's heating system is flexible enough to provide a range of temperatures throughout the home.

N16. Hot surfaces such as pipework and radiators in areas accessed by children and young people are guarded or have guaranteed low temperature surfaces that comply with Safe Hot Water and Surface Temperature Health Guidance Note.

N17. Furniture and fittings throughout the home are domestic in character and are suitably designed for their purpose.

N18. Floor coverings, wall finishes and soft furnishings are suitable for the purpose of each room and meet health and safety requirements. Changes in the texture of floor coverings, or other indicators, are used where necessary to help those who have a disability or a sensory impairment to identify key areas in the home.

N19. There are arrangements in place to ensure the home can operate in the event of a utility service failure.

Communal Space

N20. There is communal space (excluding corridors and circulation areas) amounting to at least 7.00m² for each child or young person.

N21. The communal space includes a range of rooms that can be used at the same time, with a variety of activities taking place, including visitors being entertained. This includes:

- An activity room;
- A TV lounge;
- A room where meetings can take place in private;
- A dining room;
- A facility for children and young people to make drinks and snacks; and
- A place where phone calls can be made or received in private.

Bedrooms

N22. All bedrooms are designed and equipped for single occupancy, unless there is a specific other purpose, which is identified in the statement of purpose.

N23. The minimum floor space in bedrooms is 11.5 m² (excluding en-suite facilities). Bedroom sizes are greater where necessary to provide for specialised needs, in accordance with the statement of purpose.

N24. There is a minimum ceiling height of 2.4m.

N25. Where en-suite facilities are installed, these are additional to the minimum floor space required for bedrooms.

N26. Furniture and fittings in bedrooms are designed, fitted and secured taking account of the health and safety needs of children and young

people who will be accommodated. All bedrooms are furnished as a minimum with:

- A suitable bed and bedding;
- Curtains or blinds;
- A mirror (unless contra-indicated by risk assessment);
- Overhead and bedside or wall lighting;
- A chair;
- Drawers and built-in shelving;
- An enclosed space for hanging clothes;
- Tabletop or desk space;
- A lockable storage space; and
- A wash hand basin if no en-suite is provided.

N27. Blinds are fitted with safe design cord fittings (such as wands) to open and close blinds.

N28. The positioning and number of television aerial points, light switches and electrical outlet sockets is suitable for the needs of children and young people and takes account of possible future information technology requirements.

N29. Doors are fitted with appropriate master key locks, with an easy opening (thumb-turn) device fitted to the inside of the door.

Toilet and Washing Facilities

N30. A range of toilet, washing, bath and shower facilities is provided to meet the needs of children and young people, visitors and staff.

N31. Toilet and washing facilities are domestic in style with each facility being self-contained. Locks and handles on toilet, bathroom and shower room doors are easy to operate, secure when locked from the inside and allow staff immediate access in an emergency.

N32. In a home where bedrooms do not have en-suite facilities there is a ratio of 1 bathroom or shower room, with toilet, to every 4 children or young people. Where bedrooms have en-suite facilities, there is at least one additional WC with disabled person's access, on the ground floor of the home and one WC for ancillary staff.

N33. Bath and shower rooms have a minimum area of 10m² and toilets a minimum of 4m² (4.5 m² for a WC with disabled person's access). A level-deck shower is provided, where necessary, for a child or young person with a disability.

Medicines

N34. Facilities and equipment for the storage of medicines meet the following requirements:

- There is an identified room for storing medicines and medicinal products that is secure;
- Standard modular cupboards, conforming to British Standards, are provided for the secure storage of medicines. Where necessary, there are suitable lockable trolleys to prevent unauthorised access to medicines when they are being administered;
- A controlled drugs cabinet, which complies with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 is provided for the storage of any Schedule 2 and, where appropriate, Schedule 3 controlled drugs;
- Sufficient space is provided to store, access and administer medicines safely;
- There is easy access to hand washing facilities;
- Provision is made for medicines to be stored under optimum environmental conditions (temperature, lighting etc.);

- Provision is made for residents who are judged to be competent and confident to administer their own medicines, to have a lockable drawer or cupboard in which to store them.

Laundry

N35.The laundry is located away from communal areas, bedrooms and areas where food is stored, prepared, cooked or eaten. It is suitably ventilated and the space allows for the separation of soiled items from clean clothes and bedding.

N36.Laundry equipment includes a sink with drainer, washing machine with a specified programme to meet disinfection standards, and a tumble drier that is vented externally.

N37.There are facilities for ironing and separately handling individual's personal laundry.

Catering Areas

N38.The catering facilities and equipment comply with environmental health standards. They are appropriate for the method of food provision and if necessary can accommodate the food requirements of a child or young person from a minority ethnic or religious group.

N39.Catering areas comply with Food Hygiene legislation.

N40.The kitchen design takes account of the safety needs of children and young people who may be involved in the preparation of meals and snacks.

N41.Catering facilities are adequate for the preparation and provision of meals for the number of children and young people who will be

accommodated and the staff on duty. There are facilities in which young people can entertain visitors and prepare snacks.

Storage

N42. There is provision for the secure storage of all required records.

N43. Secure facilities are provided for the safekeeping of money and valuables held on behalf of resident children and young people.

N44. Suitable storage space is provided for children and young people's belongings that cannot be kept in their rooms. An external store with a minimum area of 10 m² is provided for outdoor equipment, bicycles etc.

N45. Indoor storage is sufficient to hold equipment and decorative items, e.g. Christmas decorations, beach or camping equipment, which is used only seasonally.

N46. There is adequate provision for the storage of reserve bedding, towels etc.

N47. Gas and other fuel storage facilities comply with any relevant legislative requirements and good practice guidance.

N48. There is adequate, ventilated and lockable storage for cleaning materials and equipment.

N49. Where necessary, there is an area for storing wheelchairs and for charging batteries for equipment such as motorized wheelchairs.

Staff Facilities

N50. There are staff facilities consistent with the number of people employed in the home. The range of facilities includes:

- Office/s;
- Sleep-in room/s with en-suite facilities;
- Changing facilities and lockers; and
- Toilet and washing facilities.

Fitness of the Premises- Existing Homes

The following set of requirements (E1 – E45) applies to **existing establishments** that already operate as children's homes and are seeking registration for the first time or re-registration after changing ownership.

General requirements for the Premises and Grounds

- E1. The building and grounds comply with all relevant legislation relating to the health, wellbeing and safety of resident children and young people, staff and others who use the premises. Certificates and commissioning documents with regard to engineering services and plant, approval letters and letters certifying completion of works, confirm this.
- E2. Car parking spaces for visitors and staff are provided consistent with the numbers of children and young people accommodated and the available space.
- E3. There is clear access to the home for emergency vehicles.
- E4. There are safe and easily accessible outdoor spaces for children and young people to use for recreation.
- E5. All areas used by children and young people, including those with a physical disability or sensory impairment, are accessible to them. Ramps, passenger lifts, signs and other aids are provided where required.
- E6. Corridor and doorway widths in areas used by children and young people are suitable for their purpose and corridor doors have vision panels.
- E7. Where door closers are required, the appropriate type, and their positioning, is decided on the basis of a risk assessment related to the purpose and function of the home.

- E8. Where necessary to the home's statement of purpose, suitably positioned hand and grab rails, hoists, communication aids and other equipment are installed, which are designed to promote the independence of any child or young person with a disability.
- E9. Where necessary, call points, accessible to children and young people with a disability, are provided in every room that they use and are linked to a system that alerts staff when a call is being made.
- E10. There is both natural and good quality artificial lighting in all living areas, suitable for the needs of children and young people and for any activities that are planned. The artificial lighting is domestic in character, sufficiently bright and positioned to facilitate reading or other activities.
- E11. All main living areas used by children and young people are naturally ventilated, with opening windows, which have safety glazing and guarding where necessary. Windows openings are controlled to a safe point of opening of no more than 100 mm, which cannot be overridden. Frosted or obscured glass is fitted as required to ensure privacy.
- E12. Hot surfaces such as pipework and radiators in areas accessed by children and young people are guarded or have guaranteed low temperature surfaces that comply with Safe Hot Water and Surface Temperature Health Guidance Note.
- E13. The home's heating system is flexible enough to provide a range of temperatures throughout the home.
- E14. Furniture and fittings throughout the home are domestic in character and are suitably designed for their purpose.
- E15. Floor coverings, wall finishes and soft furnishings are suitable for the purpose of each room and meet health and safety requirements.

Changes in the texture of floor coverings, or other indicators, are used where necessary, e.g. at the top of stairs, to help meet the needs of children and young people who have a disability or a sensory impairment.

E16. There are arrangements in place to ensure the home can operate in the event of a utility service failure.

Communal space

E17. There is sufficient communal space (excluding corridors and circulation areas) for a range of activities. This includes:

- An activity room;
- A TV lounge;
- A room where meetings can take place in private;
- A dining area;
- A facility for children and young people to make drinks and snacks for themselves and for visitors; and
- A place where phone calls can be made or received in private.

Bedrooms

E18. There is a total area of private (bedroom) and communal space of at least 16m² for each child or young person.

E19. All bedrooms are designed and equipped for single occupancy unless there is a specific other purpose, which is identified in the home's statement of purpose.

E20. Where bedrooms have en-suite facilities, these have adequate space for a toilet, shower and wash hand basin.

E21. Children and young people can control within safe limits, or can influence, the levels of heating in their bedrooms for their own comfort.

E22. Furniture and fittings in bedrooms are positioned and secured taking account of the health and safety needs of children and young people who will be accommodated. All bedrooms are furnished as a minimum with the following:

- A suitable bed and bedding;
- Curtains or blinds;
- A mirror (unless contra-indicated by risk assessment);
- Overhead and bedside or wall lighting;
- A chair;
- Drawers and shelving;
- An enclosed space for hanging clothes;
- Tabletop or desk space;
- A lockable storage space; and
- A wash hand basin if no en-suite is provided.

E23. The cord fittings on blinds should be made safe.

E24. Doors are fitted with master key locks, with an easy opening (thumb-turn) device fitted to the inside of the door, where appropriate.

E25. The positioning and number of electrical outlet sockets and light switches is suitable for the needs of children and young people.

Toilet and Washing Facilities

E26. A range of toilet, washing, bath and shower facilities is provided to meet the needs of children and young people, visitors and staff.

E27. In a home where bedrooms do not have en-suite facilities there is a ratio of 1 bathroom or shower room and 1 toilet with a wash-hand basin, to

every 4 children and young people. Where bedrooms have en-suite facilities, there is at least 1 additional WC with disabled person's access, in the home.

E28.Locks and handles on toilet, bathroom and shower room doors are easy to operate, secure when locked from the inside, and allow staff immediate access in an emergency.

E29.A level-deck shower is provided, where necessary, for a child or young person with a disability.

Medicines

E30.Facilities and equipment for the storage of medicines meet the following requirements:

- There is an identified room for storing medicines and medicinal products that is secure;
- Standard modular cupboards, conforming to British Standards, are provided for the secure storage of medicines. There are suitable lockable trolleys to prevent unauthorised access to medicines when they are being administered;
- A controlled drugs cabinet, which complies with the Misuse of Drugs (Safe Custody) (Northern Ireland) Regulations 1973 is provided for the storage of any Schedule 2 and, where appropriate, Schedule 3 controlled drugs;
- Sufficient space is provided to store and easily retrieve medicines for the maximum number of residents that the home will be registered to accommodate;
- Provision is made for medicines to be stored under optimum environmental conditions (temperature, lighting etc.);
- There is easy access to hand washing facilities; and

- Provision is made for residents who are judged to be competent and confident to administer their own medicines, to have a lockable drawer or cupboard in which to store them.

Laundry

E31. Where there is a separate laundry, it is used in accordance with current health and safety guidance. It is suitably ventilated and the space allows for the separation of soiled items from clean clothes and bedding.

E32. Laundry equipment includes a washing machine with a programme to meet disinfection standards, and a tumble drier that is vented externally.

E33. There are facilities for ironing and for the separate handling of each individual's personal laundry.

Catering Areas

E34. The catering facilities and equipment are adequate and appropriate for the method of food provision and for the number of people who must be provided with meals. If necessary the facilities can accommodate the dietary and food preparation requirements of a child or young person from a minority ethnic or religious group.

E35. Catering areas comply with Food Hygiene legislation.

E36. The kitchen design takes account of the safety needs of children and young people who may be involved in the preparation of meals and snacks.

Storage

E37. There is provision for the secure storage of all required records.

E38. Secure facilities are provided for the safekeeping of money and valuables held on behalf of resident children and young people.

E39. Suitable storage space is provided for children and young people's belongings that cannot be kept in their rooms, including storage for outdoor equipment, bicycles etc.

E40. There are suitable arrangements for the storage of equipment and decorative items, e.g. Christmas decorations, beach or camping equipment, which is used only seasonally.

E41. There is adequate provision for the storage of reserve bedding, towels etc.

E42. There is adequate, ventilated and lockable storage for cleaning materials and equipment. Where possible, there is a bucket sink.

E43. Where necessary, there is an area for storing wheelchairs and for charging batteries for equipment such as motorized wheelchairs.

E44. Gas and other fuel storage facilities comply with any relevant legislative requirements and good practice guidance.

Staff facilities

E45. There are staff facilities consistent with the number of people employed in the home. The range of facilities includes:

- Office/s;
- Sleep-in room/s;
- Changing facilities and lockers; and
- Toilet and washing facilities.

Appendix 1: Standards for Medicines¹¹

1. Management of Medicines

2. Medicines Records

3. Medicines Storage

4. Controlled Drugs

¹¹ The evidence provided in these standards links to the criteria and is numbered accordingly.

Standard 1- Management of Medicines

Medicines are managed in compliance with legislative requirements, professional standards and guidelines.

Criteria

1. Medicines are administered in strict accordance with the prescriber's instructions and on time.
2. Prior written consent, which is retained on file, is obtained from a person holding parental responsibility for each child or young person for the administration of any prescribed or non-prescribed medicine.
3. Written policies and procedures for the management of medicines are up to date and cover all aspects of medicines management.
4. The management of medicines is undertaken by trained and competent staff and systems are in place to review staff competency in the management of medicines.
5. Medicines are safely returned for disposal when discontinued by the prescriber or if unfit for use.
6. There are suitable systems in place to manage drug alerts and safety warnings about medicines.
7. There are systems in place to report adverse drug reactions and any other concerns about medicines to the child or young person's prescriber.
8. There are robust incident reporting systems in place for identifying, recording, reporting, analysing and learning from incidents and near misses involving medicines and medicinal products.
9. Staff have access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.
10. There are robust systems in place to audit all aspects of the management of medicines.
11. Systems are in place to ensure the safe management of medicines when a child or young person arrives at or leaves the home.

12. Systems are in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.
13. Robust systems are in place for the management of self administered medicines.
14. Medicines are prepared immediately prior to their administration from the container in which they are dispensed.
15. Compliance with prescribed medication regimens is monitored and any omissions or refusals likely to have an adverse effect on the child or young person's health are reported to the person with parental responsibility and the prescriber.
16. Suitable systems are in place for the administration of unlicensed medicines and licensed medicines used outside of the terms of the product licence (off-label).
17. The act of administering medication in disguised or covert form is discouraged but, when necessary, it is undertaken in accordance with professional advice and guidelines and as part of a decision making process which is documented in the child or young person's care plan (or personal medication management record).
18. Systems are in place for non-prescribed medicines to ensure they are managed in accordance with qualified medical, nursing or pharmaceutical advice.

Evidence for Standard 1

Criteria	Examples of evidence
1	<ul style="list-style-type: none"> • All medicines are available for administration as prescribed. • Medicines are administered only to the child or young person for whom they are prescribed. • There are systems in place to ensure doses are given on time and are not missed. • Patient information leaflets relating to all prescribed medicines are available.
2	<ul style="list-style-type: none"> • Records are maintained.
3	<ul style="list-style-type: none"> • Written policies and procedures cover each of the activities associated with the management of medicines. • Written policies and procedures are subject to regular review and update. • There is evidence that staff have read the policies and procedures. • Where necessary care plans are in place for identified individuals with specific medication needs.
4	<ul style="list-style-type: none"> • A record is kept of all medicines management training, including induction and appraisal, completed by staff. • Training should include: <ul style="list-style-type: none"> ○ Knowledge of how medicines are administered and how to recognise and deal with problems of use. ○ Knowledge and understanding of all aspects of the home's policy and procedures on the management of medicines. • Written evidence is in place where necessary to show that staff have been trained in specific medicines administration techniques by a qualified healthcare professional including a formal assessment of competency. Specific techniques could include for example, the administration of medicines via a PEG tube or administration of medicines in treating a life-threatening emergency.

	<ul style="list-style-type: none"> • The training provided is specific to the needs of the child or young person. • A list of the names, signatures and initials of staff authorised to administer medicines is maintained.
5 – 7	<ul style="list-style-type: none"> • Full details of medicines returned for disposal to the community pharmacy or person with parental responsibility are recorded.
8	<ul style="list-style-type: none"> • Written procedures are in place. • Incidents are reported to RQIA and other relevant bodies as appropriate.
9	<ul style="list-style-type: none"> • Staff have access to medicines reference sources. • Staff have access to contact information for local health and social care services.
10	<ul style="list-style-type: none"> • Audits which cover all areas of medicines management are performed regularly, discrepancies investigated and records maintained. • Evidence is available of any learning outcomes and resulting changes to practice.
11	<ul style="list-style-type: none"> • Written confirmation of current medication regimes is obtained from a GP or by exception from another health or social care professional or person with parental responsibility for the child or young person on arrival at the home. • A child or young person's own medicines that are brought into the establishment are checked before use. • Medicines issued for temporary leave are supplied, labelled and packaged appropriately. • When the child or young person leaves the home written confirmation of current medication regimens is sent with them by the person in charge of the home. Leaving in this context includes moving to another home or care setting or leaving the care system.
12	<ul style="list-style-type: none"> • Medicine supplies are available. • This includes children or young people having timely access to

	<p>medicines which are prescribed acutely e.g. antibiotics, pain relief.</p> <ul style="list-style-type: none"> • Systems are in place to prevent any over-ordering of medicines.
13	<ul style="list-style-type: none"> • Children and young people are enabled to self-administer their medicines where the risks have been assessed and it is deemed safe and appropriate. • An assessment is undertaken prior to entrusting the child or young person with medication. • The decision making process is comprehensively documented in the child or looked after children (LAC) Care Plan and the information is shared with all relevant professionals. • Medicines dispensed for self-administration are appropriately labelled and supplied with a patient information leaflet (PIL). • A personal lockable storage space is available to store medicines, the key being held by the child or young person. The safe custody of a spare key is the responsibility of the registered manager. • The child or young person's personal medication record indicates which medicines are being self-administered. • Staff monitor compliance (that medicines are being taken as prescribed) on a regular basis and review competence to self-administer as necessary. • Children under sixteen who need to look after their own medication are enabled to do so. • Children and young people self-administering non-prescribed medicines are encouraged to inform home staff and to seek professional healthcare advice regarding the use of these medicines. • Sharing of risk regarding self-administered medication/abuse of medicines with Field Social Worker and risk management plan to be agreed in the context of LAC Care Plan.
14	<ul style="list-style-type: none"> • Medicines doses are prepared immediately prior to their administration from the container in which they are dispensed.
15	<ul style="list-style-type: none"> • There are policies and procedures in place to direct staff when to report

	adherence (compliance) problems.
16	<ul style="list-style-type: none"> • Written procedures are in place which outline the suitability, authorisation and record keeping relating to the administering of unlicensed and off-label medicines, including crushed medicines.
17	<ul style="list-style-type: none"> • Evidence of professional advice is in place for any crushing or disguising of medicines. • The assessment process and outcomes of the decision making processes are documented in the child or young person's care plan.
18	<ul style="list-style-type: none"> • Records are maintained for non-prescribed medicines. • An up to date policy is in place for the use of non-prescribed medicines.

Standard 2 - Medicines Records

Medicines records comply with legislative requirements, professional standards and guidelines.

Criteria

1. Medicine records are legible and accurately maintained as to ensure that there is a clear audit trail.
2. The following medicine records are maintained:
 - Medicines requested and received;
 - Medicines prescribed;
 - Medicines administered;
 - Medicines refused;
 - Medicines doses omitted;
 - Medicines doses delayed;
 - Medicines transferred;
 - Medicines disposed of; and
 - Controlled drug record book.
3. Where medicines are prescribed on a 'when required' basis, parameters of use are clearly defined in the child or young person's records.

Evidence for Standard 2

Criteria	Examples of evidence
1.	<ul style="list-style-type: none">• Medicine records are legible, accurate, up to date and signed and dated by the person(s) making the entry.• A system is in place to manage recording errors.• Prescription details are verified and signed by two designated members of staff.• Medicine labels specify full dosage directions.• Labelling enables staff to positively identify individual medicines.
2.	<ul style="list-style-type: none">• Evidence of the completed records are available.
3.	<ul style="list-style-type: none">• Parameters for the administration of medicines prescribed on a 'when required basis' detail the rational for use, the minimum dosage frequency and maximum daily dose.• There is evidence of regular review.

Standard 3 - Medicines Storage

Medicines are safely and securely stored in compliance with legislative requirements, professional standards and guidelines.

Criteria

1. Medicines are safely and securely stored.
2. Medicines are stored in accordance with the manufacturers' instructions.

Evidence for Standard 3

Criteria	Examples of evidence
1.	<ul style="list-style-type: none">• Unauthorised access to medicines is prevented.• There is sufficient storage space for medicines.• Oxygen is stored securely and signage is in place.• Medicines awaiting disposal are stored safely and securely.• Secure storage is provided to children and young people responsible for the self administration of their medicines.
2.	<ul style="list-style-type: none">• Medicines are stored under conditions that conform to the manufacturer's requirements.• Dates of opening of medicines are routinely recorded.• Procedures are in place to ensure that medicines are not used past the date of expiry.• Where necessary robust systems are in place for the cold storage of medicines

Standard 4 - Controlled Drugs

Controlled Drugs¹² are safely managed.

Criteria

1. Standard Operating Procedures are in place that cover all aspects of the management of controlled drugs.
2. Systems are in place to manage concerns relating to the management and use of controlled drugs.
3. The receipt, administration and disposal of Schedule 2 and 3 controlled drugs are maintained in a controlled drug record book.
4. Schedule 2 and 3 controlled drugs are stored in a controlled drugs cabinet.
5. The key of the controlled drugs cabinet is carried on the person in charge of the home, and is separate from other medicine cupboard keys.
6. Stock balances of controlled drugs stored in the controlled drug cabinet are reconciled on each occasion when the responsibility for secure storage is transferred.

¹² The Home Office produces a list of controlled drugs and identifies their class and schedule. See <https://www.gov.uk/government/publications/controlled-drugs-list>

Evidence for Standard 4

Criteria	Examples of evidence
1	<ul style="list-style-type: none"> Standard operating procedures¹³ are available and are signed by staff.
2	<ul style="list-style-type: none"> There is a written procedure in place for the reporting, escalating, evaluating and investigating of concerns in relation to the management and use of controlled drugs.
3	<ul style="list-style-type: none"> The controlled drug record book is accurately maintained. The administration of a Schedule 2 or 3 controlled drug is documented and signed in the controlled drug record book by the authorised member of staff administering the drug and the authorised witness who is present at its administration.
4	<ul style="list-style-type: none"> There is a separate controlled drugs storage cabinet¹⁴.
5	<ul style="list-style-type: none"> Key control prevents unauthorised access to controlled drugs.
6	<ul style="list-style-type: none"> There is recorded evidence that Schedule 2 and 3 controlled drugs are reconciled by two authorised members of staff on each occasion when responsibility for secure storage is transferred and a record kept. Quantities of Schedule 2 and 3 controlled drugs match the balances recorded in the record book.

¹³ A useful reference source is 'A guide to good practice in primary care (Northern Ireland)' See <http://www.dhsspsni.gov.uk/safer-management-of-controlled-drugs-a-guide-to-good-practice-in-primary-care-version.pdf>

¹⁴ Information relating to the specifications of controlled drugs cabinets is included in the Misuse of Drugs (Safe Custody) Regulations 1973. See <http://www.legislation.gov.uk/ukSI/1973/798/contents/made>

Appendix 2: List of Policies

Absence of the manager

Access to bedrooms

Access to personal files and other records

Accidents — Reporting, Recording and Notification

Accounting and financial arrangements

Administration of finance (petty cash) and allowances

Admission of children and young people

Alcohol, drugs and misuse of substances

Assessment

Bullying

Care practices

Children and young people missing from the home

Children's and young people's meetings

Children and young people visiting friends

Clinical waste disposal (where applicable)

Clothing and personal requisites

Complaints and representations

Computer use and internet safety

Confidentiality

Contact between children and young people, their family members and others

Countering bullying

Countering racism and discrimination

Disability awareness

Discharge from the home

Education

Employment of resident children and young people

Equality issues

Extra-curricular activities

Fire safety

First aid - administration by staff.

Food hygiene and safety
Gift giving and receiving
Harassment
Health and safety in the home
HIV/AIDS awareness and management
Holidays for children and young people
Implementation of placement plans
Independent visitor
Infection control
Inspections of the home
Insurance arrangements (where applicable)
Intimate care
Involving children and young people in decision making
Keys for children's and young people's rooms
Keyworking
Leisure pursuits and hobbies
Management of medicines
Management of records
Managing behaviour, including aggression and violence
Menu planning
Minority ethnic groups' particular needs
Mobile phones and camera phones
Moving and handling (where applicable)
Night supervision
Notification of events
Occupational health arrangements
Permissible sanctions
Personal expenses allowances/pocket money
Personal possessions - security and insurance
Physical contact by staff with children and young people
Physical restraint
Placement plans

Privacy for children and young people
Promoting good health
Promoting social and life skills
Quality improvement
Recording and record keeping
Repairs and maintenance
Responding to allegations or suspicions of abuse
Reviews
Risk management
Safe and healthy working practices
Safeguarding
Searching children's and young people's rooms and belongings
Security of and in the home
Shift handovers
Sleeping arrangements and bed-times
Smoking
Specialist services.
Spending one to one time with children and young people
Staff absence from work
Staff contact with children and young people
Staff disciplinary procedures
Staff grievance procedures
Staff handovers
Staff induction
Staffing the home
Staff meetings
Staff recruitment
Staff rotas, shift management and on-call arrangements
Staff supervision and appraisal
Staff training and development
Transport-provision and use
Visitors

Volunteers in Homes

Whistleblowing

Working with parents, family members and significant others

Working with young people's sexuality and personal relationships

Appendix 3 – List of Records Required for Inspection

Regulations require the responsible authority to compile the records specified in Schedules 2 and 3, to keep them in the home and to make them available for inspection by any person authorised by the HSC Board or Department.

- A confidential record for each child or young person;
- Staff communication book;
- Daily recordings;
- Incident book;
- Children or young people's individual Care Plans;
- Record of sanctions and disciplinary measures;
- Children and young people's individual medication records (including a drug stock control record);
- Record of children and young people's personal monies/valuables handled by the proprietor or manager;
- Petty cash;
- Food/menu;
- Clothing;
- Activities;
- Record of fire drills and equipment testing;
- Record of each person employed at the home;
- Record of accidents to both staff and young people;
- Proprietor's monthly report (if applicable);
- Record of official visits;
- Procedure in the event of children and young people going missing;
- Certificate of employer's insurance liability;
- Visitors' book;
- Life service report;
- Complaints recording;
- Procedure in the event of a fire;
- Health and safety policy;
- A register of young people; and
- Records of all accounts kept in the home.

Appendix 4: Glossary

This glossary is intended to be of general assistance to the reader in interpreting the standards. The definitions provided do not affect any other meaning that a term may have under any relevant legislation.

Abuse

Action or inaction that causes actual or likely harm to a child. Harm may be physical, emotional or sexual, or neglect of the child.

AccessNI

Access NI helps organisations in Northern Ireland to make more informed recruitment decisions. It does this by providing criminal history information about anyone seeking paid or unpaid work in defined areas, such as working with children or vulnerable adults.

Advocate

A person with whom there is an arrangement to assist a child or young person in putting forward views or making a case on his or her behalf.

Agency Staff

Staff contracted from a regulated agency for work in the home.

Ancillary Staff

Staff working at the home in capacities such as administrative, domestic, catering, and maintenance, whose principal role is not direct care work with children and young people.

Bullying

Behaviour by one or more people that causes anxiety, pain, distress, humiliation or social exclusion to one or more others, by physical or verbal means, or through damage to or interference with property.

Care Plan

A plan for looking after a child and meeting that child's current and future needs, made by a placing authority under Children Order requirements.

Case Review

In these standards case review refers to a statutory review of a child's or young person's care and care plan as required by the Review of Children's Cases Regulations 1996.

Children's Home

An establishment (subject to certain exceptions) which provides care and accommodation wholly or mainly for children. (See Article 9 of The HPSS (Quality, Improvement and Regulation)(Northern Ireland) Order 2003).

Independent Visitor

A person who is appointed to visit, advise and befriend a child or young person whose communication with his or her parents, or those with parental responsibility, has been infrequent. (See Article 31 of the Children Order and Chapter 13 of Guidance and Regulations Volume 4).

Induction

For children and young people: introduction to people in the home and initial guidance given at the start of the placement. Guidance (e.g. from a young person already resident at the home) for a child or young person on arrival at the home.

For staff: introduction to people in the home, initial training on the home's policies and practice and general orientation in relation to the home and the area.

Intimate Care

Physical assistance, treatment or supervision for a child, because of his or her specific care needs, which involves seeing and/or touching the child's

body in areas that are normally clothed, e.g. assistance with toileting, showering or bathing.

Key Worker

A member of the home's staff with particular responsibility for the welfare, guidance and support of an individual child or young person and for monitoring and reporting on his or her progress.

Leaving and Aftercare

A service provided by an authority to help young people make the transition from being looked after, through increasing self-reliance to independence.

Personal Education Plan (PEP)

A Personal Education Plan is a continuous running record of the child/young person's educational history which identifies the actions needed to enable the individual to fulfil his or her potential. It will inform the UNOCINI and Court proceedings, and critically influence the Care Plan. It will also contribute to improved communication between professionals, early identification of specific needs and provide an element of continuity when a child transfers school and/or placement

Placement

The agreement and arrangement for a child or young person who is looked after to live at a particular place e.g. the home.

Placement Plan

An agreed written plan, setting out how a child or young person is to be looked after on a day-to-day basis at the home, which is consistent with both the home's Statement of Purpose and the care plan made by the placing authority. (See Regulation 12(1) of The Children's Homes Regulations (Northern Ireland) 2005).

Placing Authority

This may be an HSC Trust, a voluntary organisation or the child's parent depending upon the circumstances. (See Regulation 2 of The Children's Homes Regulations 2005).

Registered Person

The standards use the term 'registered person' throughout. This may mean the registered provider, or the registered manager, and is dependent on the specific regulation to which it refers. It also takes account of the fact some homes will not have a separate registered manager, if the proprietor is both provider and manager.

Representations

Complaints, concerns or major issues raised with the home or a placing authority by or on behalf of a child about their care or welfare.

Restraint

Use of reasonable physical intervention to prevent injury, or serious damage to property, which is likely to cause injury.

Risk Assessment

The process of identifying hazards to the safety or welfare of children and young people, staff and others and estimating their seriousness and likelihood in order to identify and implement appropriate measures to minimize them.

Safeguarding

The process of protecting children and young people from abuse or neglect, preventing impairment of their health and development and ensuring they are growing up in circumstances consistent with the provision of safe, effective care that enables children and young people to have optimum life chances and enter adulthood successfully.

UNOCINI

The 'Understanding the Needs of Children in Northern Ireland' (UNOCINI) is a framework to support professionals in assessment and planning to better meet the needs of children and their families. The framework offers a logical process within which children and their family circumstances can be considered, analysed and understood in order to develop robust plans that lead to action with the aim of improving outcomes for the child.

Volunteering

The commitment of time and energy for the benefit of society and the community, the environment, or individuals outside (or in addition to) one's immediate family. It is unpaid and undertaken freely and by choice.

Whistleblowing

The reporting of concerns by staff, in a reasonable and responsible way, about actual or suspected malpractice within the service. The organisation's policy on whistleblowing should guarantee that such concerns will be regarded as efforts to improve practice and that staff who raise them will not be victimized.