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Day Care Settings

Minimum Standards

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August 2021	Version 1.1	(i) Requirements for qualifications – Pages 83 to 86 (ii) The Code of Practice for Employers was replaced in 2015 (updated 2019) by Standards of Conduct and Practice for Employers - Page 50, para 17.3 & Page 81
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Introduction

This document sets out minimum standards for day care settings whether provided by the independent[1] or statutory sectors. The standards specify the arrangements, facilities and procedures that need to be in place to ensure the delivery of a quality service.

These standards apply to:

- Day care settings defined under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)[2] as:

  "a place where persons in need of prescribed services may attend for the purposes of assessment, rehabilitation or counselling but where they are not provided with board or accommodation";
  (**Note:** prescribed services are the provision of personal care);

- Day care delivered in a residential care or nursing home setting, as appropriate; and

- Services provided as outreach from a day care setting, as relevant and appropriate.

These services are targeted at persons aged 18 years and over.

They are designed to meet the assessed needs of individuals for care, support, supervision or rehabilitation by reason of mental illness, functional impairment, cognitive impairment, learning disability, ill-health, age, family, or life circumstances.

These standards **do not** apply to luncheon clubs and similar activities.

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[1] For the purposes of these standards, the independent sector is comprised of private, voluntary, community and social enterprise providers.

[2] The 2003 Order can be accessed at: http://www.legislation.gov.uk/nisi/2003/431/contents/made

Day care settings are among the establishments and agencies required to register with the Regulation, Quality and Improvement Authority (RQIA).[3]

These standards should be read in the context of the Day Care Setting Regulations (Northern Ireland) 2007.[4] The standards reflect the content of the regulations and provide more specific detail where appropriate. They also reflect certain requirements of other legislation relevant to running a day care setting, including areas such as safeguarding, health and safety and the recruitment of staff. The standards are the minimum provisions below which no provider is expected to operate.

The standards will be used by:

- **Service commissioners,** for the planning, commissioning, quality assurance, performance management and service review;
- **Service providers,** to benchmark the quality of the service they provide and to improve quality for service users;
- **Service users and their representatives,** to inform them of what they can and should reasonably expect from day services and from the organisations and individuals commissioning and providing them;
- **Staff,** to inform them of the principles underpinning the standards; of the requirements for needs assessment, care planning, service delivery and review; and of what they can and should reasonably expect from the organisations employing them;

[3] Established under the 2003 Order, the RQIA is an independent body with responsibility for and powers to regulate a wide range of care services provided by the statutory and independent sectors. The RQIA also has overall responsibility for monitoring, regulating and reporting on the quality of health and social care services delivered in Northern Ireland. Further information about the services regulated by, and the work of, the RQIA can be accessed through: http://www.rqia.org.uk

[4] The Day Care Setting Regulations (Northern Ireland) can be accessed at: http://www.legislation.gov.uk/nisr/2007/234/contents/made

- **RQIA,** as the basis for their inspections and to ensure all day care settings comply with the criteria set out to achieve and maintain their registration and to encourage improvement in the quality of services provided; and
- **Members of the public,** to understand how day care services work and the important contribution they make to supporting individuals to live in their own homes for as long as it is appropriate and safe for them to do so.

The minimum standards for day care settings were developed by the Department of Health, Social Services and Public Safety (DHSSPS) in partnership with all key stakeholders, and were subject to full public consultation. They have also been reviewed to ensure they fully reflect current policy and legislative requirements.

The terms “day care setting”; “day service”; “service”; and “day care” are used interchangeably throughout the document.

The term “service user” which means the individual directly in receipt of services (sometimes also referred to as a client, attendee or member) is also taken to include that person’s representative (who may be a carer, relative, friend, or a formally recognised advocate) as appropriate in the context of the standard and its support criteria.

Values underpinning the standards

The philosophy and practice within a day care setting should lead to a friendly, caring and stimulating atmosphere where service users are listened to and feel valued, their rights are upheld, their cultural and religious beliefs are respected and participation in day care is a positive and beneficial experience. In order to achieve this, managers and staff working in day care **must at all times** have the following values firmly embedded in their practice.

Fulfilment
Service users are enabled and supported to lead full and purposeful lives and realise their ability and potential.

Dignity and Respect
The uniqueness and intrinsic value of individual service users is acknowledged and each person is treated with respect.

Independence
Service users have as much control as possible over their lives whilst being protected against unreasonable risks.

Rights
The individual and human rights of service users are safeguarded and actively promoted within the context of services delivered.

Equality and Diversity
Service users are treated equally, their background and culture are valued, and services provided fit within a framework of equal opportunities and anti-discriminatory practice.

Choice
Service users are offered, wherever possible, the opportunity to select independently from a range of options based on clear and accurate information.

Consent
Service users have a legal right to determine what happens to them and their informed, genuine and valid consent to the care and support they receive is essential.

Safety
Service users feel as safe as possible in all aspects of their care and support, and are free from abuse, exploitation or neglect.

Confidentiality
Service users know that information about them is managed appropriately and everyone involved in and with the day care setting respects confidential matters.

When these values are fully integrated into all aspects of planning, delivery and review of services, and the minimum standards are being met, the day care setting will be a resource that delivers the best possible outcomes for its service users.

How the standards and regulations work together

The regulations for day care settings were published by the DHSSPS in accordance with Article 23 of the 2003 Order, which sets out the range of areas for which regulations may make provision. These include the management, staff, premises, financial position and conduct of health and social care establishments and agencies.

Article 38 of the 2003 Order gives powers to the DHSSPS to publish minimum standards that the RQIA must take into account in its regulation of establishments and agencies.

Minimum standards are the means by which the regulations are put into practice. Compliance with the regulations is mandatory and non-compliance with some specific regulations is considered an offence. The RQIA must take into account the extent to which the minimum standards have been met in determining whether or not a service gains registration; maintains registration; or has its registration cancelled, or whether to take action for breach of regulations.

The standard statements and associated criteria cover key areas of service provision and are designed to be measurable through self-assessment and inspection. The RQIA will look for evidence that the standards are being met through:

- Discussions with service users, managers, staff and others;
- Observation of activities in, and associated with, the day care setting; and
- Inspection of written policies, procedures and records.

SECTION 1

MINIMUM STANDARDS

Quality care[5]

These standards have been drafted to meet the needs of all adult client groups. While maintenance is a reasonable objective for rehabilitation and re-ablement services, the standards take account, as far as possible, of the changing emphasis for day care in that it should be viewed as a stepping stone to independence rather than as a service for life. A key principle within these standards is that people in receipt of services must be central in all aspects of planning, delivery, and review of their care. Service users will experience quality care and support when they are fully informed and enabled to participate to the fullest extent in decision making affecting their lives, and in the planning and evaluation of services.

Having an open, responsive and caring approach in a day care setting, is paramount to the delivery of quality services. These minimum standards should empower service users and strongly encourage a proactive engagement and a real partnership with them to ensure they feel fully involved in the operation of the service. The use of informal feedback mechanisms; more formal arrangements; and, where necessary, enlisting local advocacy services to gain the views of service users will provide managers and staff with essential information about improvements that can be made. Listening to and responding to compliments, comments and complaints will also be important in this regard.

Maintaining a good relationship with the local community is very important and helps service users build and retain their positive sense of worth. Service users generally benefit from community-based programmes with opportunities to develop skills for life and work. Programmes should be interesting, fulfilling and creative; provide opportunities that reflect service user interests; and have variety, spontaneity and flexibility. Staff who have knowledge of and a respect for service users' interests and preferred lifestyle and who

[5] *Improving the Patient & Client experience* (DHSSPS, November 2008) sets out Standards in relation to five areas that have been identified as important towards ensuring a positive patient or client experience. It also provides a number of examples of activities that could be used to support monitoring processes, and can be accessed at: http://www.dhsspsni.gov.uk/improving_the_patient_and_client_experience.pdf

listen and respond to service users' suggestions will be best placed to develop such programmes.

Before starting to attend the day care setting, prospective service users and their relatives need information about the service provided. They can gain this through visiting the setting and talking to other service users; consulting staff and management; and reading the "Service Users' Guide" and reports made by RQIA. To enable service users to retain the maximum amount of control over their own affairs, day care settings are expected to provide all relevant information in formats suitable for them. It is vitally important, therefore, that day care settings are clear from the outset as to what they offer; about who is eligible; about what is expected and appropriate; and about what outcomes can be achieved. Individual agreements will clarify what is expected for each service user.

Day care is part of the overall provision of services within a community. The provision of a seamless service with timely interventions is most effective when there is a collaborative multi-disciplinary partnership between service users and all who are involved in their care and support. In order to achieve maximum benefit and positive outcomes for service users, the interdependency between all involved should be recognised. Those providing care for a service user need to understand the service user's perspective and each other's roles and responsibilities; respect and value each other; share information responsibly; and respond appropriately when contacted.

The standards emphasise the right of service users to full involvement in all aspects of assessment, care planning and review. The right of service users to make decisions about their care and support is stressed, and there must be evidence of the service user's active involvement in person-centred needs assessment, care planning and review processes. These are the key mechanisms for empowering service users and ensuring a partnership between the service user and staff.

It is also acknowledged that the manager of a day care setting does not normally have control of the full needs assessment, care planning and review processes for service users attending day care, but he or

she has a vital role in these processes. The day care setting must therefore have joint working arrangements with the community care teams that are responsible for the service user's overall care, and who make referrals for day care services. These teams are responsible for providing essential information to the day care setting prior to the service user beginning to attend and for the transition plan for the individual, or a new service user. They also normally hold responsibility for the review systems. Planning for the service user to leave the day care setting is addressed through the review process and needs to be given consideration at the relevant time.

Against this background, staff in a day care settings need to have knowledge of the general health and social care needs of their service users. Staff through their practices and interventions should promote the health and well-being of service users. Staff need to get to know and treat service users as individuals; this will enable them to provide effective and personalised care and support for each person. The need for ongoing assessment and identification of risks by staff and service users is also necessary. However, for service users to maintain as much autonomy and independence as possible there needs to be a balance between managing the reasonable risks of normal living and ensuring the well-being of service users and of others.

Guidance issued about quality initiatives and the provision of quality support and care will assist managers and staff to keep up to date with current best practice, which they can incorporate into their practices and programmes. Day care settings committed to meeting the minimum standards and continual improvement will provide fulfilling life opportunities, best care and support and the agreed outcomes for service users.

Information

Standard 1: Day services have an accessible introductory information pack for prospective service users.

Criteria

1.1 Prospective service users are given a Service Users' Guide which provides up to date information about the service.

1.2. The Service Users' Guide is available in a format and language suitable for each prospective service user and contains information on the following:

- A summary of the statement of purpose setting out the aims and objectives of the service, its philosophy of care, the services and facilities it provides and the range of needs it is designed to meet;
- The location and description of the service;
- The name of the registered manager and the general staffing arrangements;
- The current programme of activities;
- The fees or charges payable (if any) and required payment method for services, facilities or activities;
- The arrangements for service user involvement in the running of the service;
- General feedback from current service users about the quality of the service and its facilities;
- The general terms of attendance at the day service, including arrangements for any trial placement and its review; and the service user's rights and responsibilities whilst using the service and the consequences of unacceptable behaviour;
- The arrangements for inspection of the service and details on how to access inspection reports;
- The address and telephone number of RQIA;
- A summary of the complaints procedure;
- Details about the organisation, its structure and the name of the registered person;

- The referral process; and
- The standard form of agreement for the provision of care and facilities by the service which underpins entry to, participation in and discharge from it.

Introduction to the day care setting

Standard 2: There is a planned introduction to the service for each service user.

Criteria

2.1. The registered person shall ensure that:

- The needs of the service user have been assessed by a suitably qualified or suitably trained person;[6]
- The day care setting has a copy of the assessment;
- There has been appropriate consultation regarding the assessment with the service user;
- The service is appropriate to the service user's needs; and
- Written confirmation has been provided to the service user that the service is suited to his or her needs in advance of any placement; and this sets out the joining arrangements, including the requirement for any trial placement and its review.

2.2 Where possible, the registered manager or a member of staff visits the prospective service user prior to him or her commencing attendance.

2.3 Arrangements are in place for prospective service users to visit the service and assess its suitability before attending. When this does not happen, the reason is recorded.

2.4 The registered manager ensures that all necessary referral information is received before the service user commences attendance. This includes:

- A person-centred assessment of need,[7] including, as appropriate, physical health; mental health;

[6] This should be a registered social worker or care manager. While staff without professional qualifications may contribute to the assessment of need, an appropriately qualified professional will retain ownership of, and responsibility for, the content of the assessment.

[7] The Northern Ireland Single Assessment Tool (NISAT), which has been developed and validated primarily in relation to assessing the needs of older people, supports the exercise of

awareness and decision-making skills; emotional well-being; capacity for the activities of daily living and self care (including medicines management and any particular dietary requirements); mobility; communication and sensory functioning abilities (including attitudes toward any disability); lifestyle (including living arrangements and how the day is spent); the contribution of informal carers; social network support (including cultural and spiritual needs) and housing; finance; and environmental factors;

- Relevant life history and future goals and wishes;
- Any risk assessments relating to each service user and the delivery of his or her care and services;
- A separate assessment of the service user's transport as set out in Standard 12;
- The objectives and expected outcomes from attendance with (where relevant) associated time frames in the form of an initial Care Plan which is agreed, signed and dated by the service user. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted;[8]
- Information about, and contact details for, other professionals or agencies providing services to the service user; and
- Up to date contact details for the referral agent.[9]

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professional judgement in the care management process and the earliest possible provision of safe and effective health and social care. NISAT is designed to capture the information required for holistic, person-centred assessment. It is structured in component parts and using domains which will be completed according to the level of health and social care needs experienced, from non-complex to complex. Information about NISAT can be accessed at: http://www.dhsspsni.gov.uk/index/hss/ec-community-care/ec-northern-ireland-single-assessment-tool.htm

[8] The need for service users to sign and date documents, e.g. assessments, individual agreements and care plans, etc (and any revision thereof) is referenced throughout these standards. This practice is taken as an indicator of the service user's active participation in these processes.

[9] Referral agent means the person or body responsible for referring the service user to the day service, and who is responsible for providing initial assessment and referral information, formal care reviews and for general oversight of the effectiveness of the service in meeting the service

2.5 The registered manager checks that any documents received from the referral agent are appropriately signed and dated when received, and contacts the referral agent where any document is not.

2.6 For any exceptional, unplanned situations, all necessary referral information is obtained or completed within two working days of the service user commencing attendance.

2.7 A named member of staff is identified to provide support for the service user during the introductory period, and a key worker from the staff team is identified subsequently.

user's needs. This responsibility also extends to discharge from the service and arranging for the provision of any after care needed. HSC Trusts take a primary role as referral agents to many day services.

Individual agreement

Standard 3: Each service user has an individual written agreement detailing the services to be provided.

Criteria

3.1 Each service user is provided with an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs, and sets out:

- The care, services and facilities provided to the service user;
- The objectives for, and expected outcomes from, attendance, with, where appropriate, associated time frames;
- The respective rights and responsibilities of both the service user and the day service with reference to relevant policies and procedures as necessary (Standard 18);
- The start date and the sessions/days of attendance;
- The arrangements related to any trial placement and its review;
- The agreed transport arrangements aimed at maximising independence (Standard 12);
- Any fees or charges payable, and the arrangements for payment of these;
- The arrangements for management of any financial transactions undertaken on behalf of the service user (Standard 11);
- The arrangements for reviewing the placement, assessment of need and associated care plans;
- The arrangements for regularly reviewing the agreement, and the circumstances when the agreement can be reviewed outside these arrangements; and
- The period of notice for terminating the agreement.

3.2 The agreement is presented in a format and language suitable for the service user and is signed and dated by the service user and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.

3.3 The agreement is in place before the service user starts at the day care setting, or if this is not possible, it is in place within the first five full days of attending the setting.

3.4 The service user is given written notice of all changes to the agreement and these are agreed in writing by the service user.

3.5 The service user is notified at least 28 days in advance of any increase or variation in fees or charges payable, or changes in the method of payment or to whom they are payable.

Needs assessment

Standard 4: Each service user has an up to date assessment of his or her needs with regard to the services provided.

Criteria

4.1 Service users are encouraged and enabled to participate in the person-centred assessment process, but when a service user is unable or chooses not to this is recorded. The assessment process should involve other relevant professionals and disciplines and, where safe and appropriate, the views of others who have an interest in the service user's well-being.

4.2 Referral information is reviewed as soon as possible, and at the latest within the first ten full days of the service user commencing attendance, to ensure there are comprehensive details of the matters set out in Standard 2.4.

4.3 The assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.

4.4 Assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user.

Care plan

Standard 5: Each service user has an individual and up to date comprehensive care plan.

Criteria

5.1 The service user is encouraged and enabled to be involved in the person-centred care planning process, but when he or she is unable to, or chooses not to, this is recorded. The care planning process should involve other relevant professionals and disciplines and, where safe and appropriate, the views of others who have an interest in the service user's well-being.

5.2 An individual comprehensive care plan is drawn up as the assessment of the service user's needs is carried out, and includes details of:

- Any personal outcomes sought by the service user;
- How information about the service user's living arrangements and lifestyle is used to inform practice;
- The daily care, support, opportunities, services and facilities provided to the service user;
- How specific needs and preferences of the individual are to be met by the service, including any outreach activity and how it will be managed;
- The service user's daily and weekly programme;
- The management of any identified risks (including how any safeguarding concerns to or for the service user should be addressed) involved in the delivery of care and support to the service user;
- Directions for the use of any equipment used to assist the delivery of care;
- The administration of, or assistance with, the management of medicines (Standards 29 to 32);
- Transport arrangements to and from the service, which are aimed at maximising independence;

- Strategies or programmes to manage specified behaviours, where appropriate, in line with current best practice and relevant policies and procedures (Standard 6);
- Progress against objectives and expected outcomes is being achieved, with revised objectives, outcomes and time frames as appropriate; and
- How moving on from or leaving the day service will be managed.

5.3 The care plan is signed and dated by the service user, the member of staff responsible for drawing it up and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.

5.4 The care plan is made available to the service user in a language and format suitable for him or her.

5.5 The care plan is presented at the service user's care review meetings, modified if necessary and agreed to by those attending.

5.6 The care plan is kept up to date and reflects the service user's current needs. Where changes are made to the care plan the service user, member of staff making the changes and the registered manager sign and date the revised care plan. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.

5.7 When there are:

- Behaviours likely to pose a risk for the service user or others;
- Specific management or supervisory arrangements; or
- Restrictions on choice arising from a risk assessment;

these are highlighted for those who have authorised access to the service user's care plan.

Responding to service users' behaviour.

Standard 6: Responses to service users are appropriate and based on an understanding of individual service user's conduct, behaviours and means of communication.

Criteria

6.1 Staff have knowledge and understanding of each individual service user's usual conduct, behaviours and means of communication, and responses and interventions of staff promote positive outcomes for service users.

6.2 Each service user's right to develop and maintain personal relationships with people of his or her choice is respected, unless a service user is assessed as lacking the capacity to consent to such a relationship. If such a situation occurs, information and guidance is sought from the local HSC Trust on ensuring his or her protection.

6.3 When a service user's behaviour is uncharacteristic and causes concern, staff respond sensitively, provide appropriate reassurance and report the matter to the registered manager or person in charge at the time. The person in charge ensures the situation is monitored and, where necessary, makes contact with any relevant professional or service, the RQIA and the service user's carer, where appropriate.

6.4 When a service user needs a consistent approach or response from staff, this is detailed in his or her care plan. Where appropriate, the service user's representative is informed of the approach or response to be used.

6.5 When a service user has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the care plan.

6.6 When a behaviour management programme is in place for any service user, staff are provided with the necessary training, guidance and support.

6.7 Where any incident is managed outside the scope of a service user's care plan, this is recorded and reported if appropriate to the service user's representative and relevant professionals or services, and followed by a multi-disciplinary review of the service user's care plan.

6.8 Restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.[10]

6.9 Details of any instance where restraint is used, including the circumstances and nature of the restraint used, should be notified to the RQIA as soon as is practicable.

[10] *Guidance on Restraint and Seclusion in Health and Personal Social Services*, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 can be accessed at: http://www.dhsspsni.gov.uk/restraint_and_seclusion_august_2005.pdf

Individual service user records and reporting arrangements

Standard 7: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Criteria

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.[11]

7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records/notes.[12]

7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.

7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:

- Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15);
- All personal care and support provided;
- Changes in the service user's needs or behaviour and any action taken by staff;

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[11] The DHSSPS *Code of Practice on Protecting the Confidentiality of the Service User Information* (2009) provides practical guidance to assist decision-making about the disclosure of personal information and the legal context in Northern Ireland in relation to confidentiality and disclosure. It can be accessed at: http://www.dhsspsni.gov.uk/confidentiality-code-of-practice0109.pdf
Guidance for staff when dealing with service user information is available at: http://www.dhsspsni.gov.uk/staff-guidance-on-confidentiality0109.pdf

[12] There may be legitimate reasons for limiting a service user's access to his or her notes. For example, if any part of the record contains confidential information about other people; information was provided by another person or agency (such as a doctor or other professional) and their permission to share it has not been obtained; or a care professional thinks access to the information would cause serious harm to the service user's or someone else's physical or mental well-being.

- Changes in objectives, expected outcomes and associated timeframes where relevant;
- Changes in the service user's usual programme;
- Unusual or changed circumstances that affect the service user and any action taken by staff;
- Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;
- Contact between the staff and primary health and social care services regarding the service user;
- Records of medicines;
- Incidents, accidents, or near misses occurring and action taken; and
- The information, documents and other records set out in Appendix 1.

7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.

7.6 There is guidance for staff on matters that need to be reported or referrals made to:

- The registered manager;
- The service user's representative;
- The referral agent; and
- Other relevant health or social care professionals.

7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.

Service users' involvement

Standard 8: Service users' views and comments shape the quality of services and facilities provided by the service.[13]

Criteria

8.1 The values underpinning the standards inform the philosophy of care, and staff consistently demonstrate the integration of these values within their practices.

8.2 Service users are enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views about, for example:

- The running of the service;
- The quality of the service and the care, support, opportunities and facilities, including the outreach and contracted in activities, it provides;
- Suggestions made for improvement, compliments given, issues raised, general complaints made and the management response to these;
- Programmes and activities provided;
- Planning the menu and any policy on takeaway foods;
- The development and review of policies and procedures generally and service information guides;
- The recruitment and selection of staff; and
- The development of plans for future services.

8.3 A record is kept of the matters raised by service users and actions taken in response.

[13] Guidance on Strengthening Personal and Public Involvement in Health and Social Care can be accessed at: http://www.dhsspsni.gov.uk/userinvolvement.pdf

8.4 Service users' views and opinions about the running of the service are sought on a formal basis at least once a year, preferably by an organisation or person independent of the service.

8.5 A report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.

8.6 Service users are consulted about organised visits to the service by professionals, elected representatives or members of the public.

8.7 Service users are informed about planned inspections and the arrangements for them to give their views about the service to the inspectors.

Programmes and activities

Standard 9: The day care service offers a structured programme of varied activities and events related to its statement of purpose and the service users' need for day care.

Criteria

9.1 The programme provides opportunities for both group and individual activities. It is flexible and allows for service users' choice.

9.2 The types of activities offered are diverse and varied, engaging, purposeful, enjoyable, age- and culturally-appropriate and promote healthy living.

9.3 Activities, both in-house and community-based, are:

- Provided in the most appropriate setting and facilitate community inclusion; and
- The duration of each activity and the daily timetable takes account of the needs and abilities of the service users participating.

9.4 The day care service assures itself that organisations recruited, or seeking, to provide supported employment, volunteer placements or educational opportunities are:

- Suited to that purpose; and
- Staff from any organisation so involved with service users' have an understanding and awareness of the general and individual needs of service users' placed with them.

9.5 Service users' are enabled to participate in the activities of their choice by the provision of equipment, aids and support from staff or others, and are encouraged and supported to use other community facilities as appropriate.

9.6 Where an activity is provided by a person contracted in to do so:

- The registered manager must either obtain evidence from the person or monitor the activity to confirm that the person has the necessary skills to provide the activity;
- Staff must inform the person about any changed needs of service users, prior to the activity commencing; and
- There must be a system in place to receive timely feedback from the person providing the activity.

9.7 Where service users go out to college, supported employment or volunteer placements, there are effective systems in place:

- To inform the responsible person in the receiving organisation about any changed needs of service users and to receive timely feedback from the receiving organisation; and
- To monitor placements to ensure their continuing suitability for service users.

9.8 Programmes, including arrangements to support service users move on from the day care setting, are reviewed regularly according to need and at least on an annual basis to ensure they continue to meet the changing interests and needs of service users', and changes are made where necessary.

9.9 The programme is displayed in a suitable format and in an appropriate location so that service users know what is scheduled.

Meals

Standard 10: Where meals are provided, a nutritious and varied diet is available to service users.[14]

Criteria

10.1 Where meals are provided:

- Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines;
- Service users are provided with a nutritious and varied diet which meets their individual and recorded dietary needs and preferences; and
- Meals are served in suitable portion sizes and presented in a way and in a consistency that meets each service user's needs.

10.2 The menu offers a choice of meal to service users, including those on therapeutic or specific diets.

10.3 The daily menu is displayed in a suitable format and in an appropriate location.

10.4 Fresh drinking water is available at all times and service users can have a snack or drink on request, or have access to a domestic style kitchen.

10.5 Staff are aware of any matters concerning service user's eating and drinking as detailed in each service user's individual care plan, and there are adequate numbers of staff present when meals are served to ensure:

- That service users have sufficient time to consume their meals;

[14] Promoting Good Nutrition: A strategy for good nutritional care for adults in all care settings in Northern Ireland can be accessed at http://www.dhsspsni.gov.uk/index/index-good-nutrition.htm

- Risks when service users are eating and drinking are managed;
- Required assistance is provided; and
- Necessary aids and equipment are available for use.

10.6 When a service user's care plan requires it, a record is kept of all food and drinks consumed. Records are also kept of the action taken when a service user chooses not to or is unable to eat a meal, or is eating excessively.

10.7 Menus are rotated over a three-week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views.

10.8 A record is kept of the menu and of variations to it.

Service users' money and valuables

Standard 11 Service users' money and valuables are safeguarded when brought to or kept in the day care setting.

Criteria

11.1 Records are kept of the amounts paid by, or in respect of, each service user for the care, services and facilities set out in individual agreements.

11.2 Where service users hand over personal money or valuables for safe keeping, they are made aware of the arrangements for the safe storage of these and have access to their individual financial records.

11.3 Records are kept of, and receipts given for, personal possessions handed over for safe keeping and returned to the service user. The record is signed and dated by the service user and the staff member receiving or returning the possessions. Where the service user is unable or chooses not to sign, two members of staff witness the hand-over of the possessions and sign and date the record.

11.4 Money belonging to any service user (other than money which is paid in respect of care, services and facilities provided) may not be paid into a bank account unless the bank account is in the name of the service user to which the money belongs.

11.5 Records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.

11.6 Subject to Trust/service provider policy, if a member of staff acts as an agent, a record is kept of the name of the

member of staff, the date they do so and the service user on whose behalf they act.

11.7 Reconciliation of personal money and possessions held by the day care setting on behalf of service users, and the associated records, is carried out and evidenced on a monthly basis as a minimum.

Transport for service users

Standard 12: ***Transport arrangements meet the needs and requirements of service users and support the objectives of day care provision.***

Criteria

12.1 When assessing the need for, and determining the most appropriate mode of transport to meet the individual's requirements, the factors that should be taken into consideration include:

- Promotion of independence and self-management;
- The availability of safe, suitable alternatives;
- Mobility (including whether a wheelchair will need to be transported);
- Medical issues;
- Communication;
- Behavioural issues;
- Vulnerability;
- Requirement to be accompanied;
- Social isolation;
- Other special need;
- Health and safety issues such as hazard identification and risk;[15] and
- All vehicles utilised by the day care provider comply with Standard 26.

12.2 The service user's needs while using transport to and from the day care setting are included within the care plan and subject to periodic review as part of the care plan and care review processes, or more frequently as necessary to reflect changing requirements.

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[15] *A Transport Strategy for Health and Social Care Services in Northern Ireland*, published in August 2007 sets out the objectives, principles and criteria for provision of transport and provides guidance on eligibility criteria and specimen proformas to be used in assessing transport needs and hazard identification (Chapter 3 and Annex 2). The Strategy can be accessed at: http://www.dhsspsni.gov.uk/a_transport_strategy_for_health_and_social_care_services_in_northern_ireland.pdf

12.3 When a service user's assessment of need has determined a maximum journey time because of a health or other condition, this is taken account of when making the transport arrangements and the maximum journey time will not be exceeded, unless in exceptional circumstances. Records are kept of such occurrences.

12.4 If possible, service users' journey to and from the day care setting should not normally exceed 45 minutes.

12.5 The day care setting has a transport timetable for "pick up" and "leaving" times, and arrangements for service users provided with transport by the organisation are detailed in his or her individual agreement.

12.6 Service users and where appropriate their carers are informed about any planned changes and, where possible, unexpected delays to the transport arrangements or cancellation/variation, for example because of hazardous weather conditions.

12.7 Transport staff:[16]

- Are made fully aware of the relevant elements of the service users' care plans, including risk factors, and are trained to deliver the necessary care and support while service users are in their care;
- Are clear about their roles and responsibilities, work as a team and know what to do in the event of an accident, medical, or other emergency during journeys to and from day care; and
- Report any incidents or accidents that occur during the journey and any unusual or changed circumstances that affect the well-being of the service user to the registered manager or person in charge of the service.

[16] Transport staff include drivers, passenger assistants, where employed, and relief staff covering these duties.

12.8 Service users are never left unattended in the vehicle unless their risk assessments allow for this. During journeys to and from the day care setting, passenger assistants, where employed, actively supervise service users and take any action necessary to ensure their safety.

12.9 Where transport staff are not directly managed by the registered manager, records are kept of communications between the service and the department or organisation responsible for transport.

12.10 When the transport arrangements are affected by other services involved in delivery of care to a service user, the registered manager makes arrangements to deal with any issues that arise.

Safeguarding vulnerable adults

Standard 13: Service users are safeguarded from abuse, exploitation or neglect.

Criteria

13.1 Written procedures for safeguarding vulnerable adults are in accordance with legislation, DHSSPS guidance, regional protocols and local processes developed by the HSC Board and HSC Trusts.[17]

13.2 Procedures detail safeguarding liaison arrangements within the setting, and identify named and appropriately trained members of staff with whom concerns should be discussed.

13.3 The procedures for safeguarding vulnerable adults are included in the induction programme for staff.

13.4 Staff have completed training on and can demonstrate knowledge of safeguarding, including how to:

- Recognise abuse wherever it occurs or whoever is responsible;
- Respond to cases of suspected, alleged or actual abuse; and
- Report safeguarding concerns about suspected, alleged, or actual abuse.[18]

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[17] *Safeguarding Vulnerable Adults - A Shared Responsibility: Standards & Guidance for Good Practice in Safeguarding Vulnerable Adults* (Volunteer Now, 2010). This Guidance is designed to help organisations establish the minimum standard of practice required to reduce the risk of abuse of the vulnerable adults with whom they work. It is a living document and changes to it will be signposted on the Volunteer Now website and any updated version will be made available for download through: http://www.volunteernow.co.uk/fs/doc/publications/safeguarding-vulnerable-adults-a-shared-responsibility-colour-nl.pdf

[18] *Recognising Adult Abuse and what to do about it – Guidance for Staff* can be accessed at: http://www.dhsspsni.gov.uk/adultawstaff.pdf or http://www.nidirect.gov.uk/adultawstaff.pdf

13.5 All safeguarding concerns are reported to the relevant persons and agencies in accordance with the procedures.

13.6 All safeguarding concerns are fully and promptly investigated in accordance with the procedures.

13.7 Written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting.

13.8 All relevant persons and agencies are notified of the outcome of any investigations undertaken by management of the day care setting.

13.9 Where shortcomings in systems are highlighted as a result of an investigation, additional identified safeguarding measures are put in place.

13.10 Safeguarding training for staff and managers is updated at least every two years.

Complaints

Standard 14: All complaints are taken seriously and dealt with promptly and effectively.

14.1 Day care services should operate a complaints procedure that meets the requirements of the HSC Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance.[19]

14.2 Arrangements for dealing with complaints should be publicised.

14.3 A copy of the complaints procedure is provided to service users and this is available in a range of formats if required.

14.4 The complaints procedure includes a step-by-step guide to making a complaint, the timescales involved, an outline of the role and function of RQIA in dealing with regulated services, and contact details for the RQIA.

14.5 Staff know how to receive and deal initially with complaints.

14.6 Advice is provided to service users on how to make a complaint and who to contact if they remain dissatisfied or require support services, including independent advocacy.

14.7 Service users must, where appropriate, be made aware of the role of independent advocacy services and be assisted to access the support they need to articulate their concerns and successfully navigate the system.

[19] *Complaints in HSC Standards and Guidelines for Resolution and Learning* can be accessed through: http://www.dhsspsni.gov.uk/hsccomplaints

14.8 Staff directly involved in the management and investigation of complaints are trained and supervised in the application of the complaints procedure.

14.9 Complaints are investigated and responded to within 28 days (20 working days) and when this is not possible, complainants are kept informed of any delays and the reasons for them.

14.10 Records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.

14.11 The registered provider co-operates with any complaints investigation carried out by the HSC Trust, RQIA or the Northern Ireland Commissioner for Complaints (the Ombudsman).[20]

14.12 Where a complaint relates to a registered provider's failure to comply with regulations/standards, then that complaint should be referred directly to RQIA for consideration.

14.13 Where a complaint relates to a concern, suspicion or allegation of abuse, exploitation or neglect of a vulnerable adult, a referral should be made to the Designated Officer in the HSC Trust and the RQIA advised.[21]

14.14 When required, a summary of all complaints, outcomes and actions taken is made available to RQIA.

14.15 Information from complaints is used to improve the quality of services as part of the registered person's annual review of the quality of care.

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[20] Information about the work of the Northern Ireland Ombudsman can be accessed through: http://www.ni-ombudsman.org.uk/

[21] In cases of alleged or suspected criminal abuse, the HSC Trust Designated Officer will discuss the case with the relevant Police Liaison Officer in the PSNI who will help determine whether a crime may have been committed.

14.16 The complainant must be advised of their right to approach the Ombudsman if they remain dissatisfied with the outcome of the relevant complaints procedure.

Care review

Standard 15: The day care service contributes to the overall care review process.

Criteria

15.1 The service user is encouraged and enabled to be involved in the person-centred care review process, but when he or she is unable or chooses not to, this is recorded. Where necessary, the service user has access to advocacy services to contribute fully in the care review process.

15.2 The service provider participates in review meetings organised by the referral agent responsible for the service user's placement in the day care setting.

15.3 The initial review should take place within 4 weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year; however reviews must not become a "routine" or "administrative" task.

15.4 A written review report is prepared by staff in consultation with the service user and provided for the review meeting.

15.5 Review reports address:

- Progress in attaining any personal outcomes sought by the service user;
- The service user's views about their care and support;
- Any changes in the service user's carer's situation;
- Details of important events including incidents or accidents occurring since the previous review, and how they were addressed;

- Any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks;
- The need for any rehabilitation or specialist services;
- Current transport arrangements and any changes required;
- The need or wish to move on from the service; and
- Any other relevant matters regarding services and facilities provided by the day care service, or others.

15.6 Following the review, the service user's care plan is revised if necessary to reflect outcomes of the review, actions required and those responsible for these actions, and by when. When this happens, the service user is provided with a copy of the revised plan.

Leaving the day care service

Standard 16: Individual service users are fully involved in planning the change and are supported in moving on from the day care service.

Criteria

16.1 The registered manager, key worker and referral agent ensure that any move on from the day care service is, as far as possible, a positive experience for the service user.

16.2 The need or wish to move on from the day care service is agreed with the service user from the outset, and forms part of the objectives of the care plan (Standard 5) and is addressed at care reviews (Standard 15).

16.3 Preparing for the move is discussed and planned with the service user, and involves his or her carers/family where appropriate.

16.4 A transition plan (which includes assessment and management of risk and follow-up arrangements if needed, and who is responsible for these) is agreed, signed by all relevant parties and a copy provided to the service user and his or her carer/family as appropriate.

16.5 Where the move is to a new service:

- Preparation and planning for the move involve staff from the new service, and include arrangements for visiting the new service;
- The transition plan ensures that arrangements are made for the service user to maintain valued friendships after the move, where practicable; and
- The service user's records are updated, agreed with the service user, and passed to the new service if appropriate.

16.6 Where the service user is asked to leave the day care service because it can no longer meet assessed needs or because of unacceptable behaviour, the situation is properly explained to him or her and/or his or her representative/carer/family, as appropriate.

16.7 Where the service user has been excluded in line with the organisation's Exclusion Policy, his or her right to appeal the decision or to make a complaint (Standard 14) should be fully explained and the service user supported in this process.

16.8 The referral agent is fully involved in developing the transition plan, has oversight of the discharge from the service and is responsible for arranging for the provision of any after care required. These arrangements are recorded in the service user's notes in the form of a closure and transfer (where appropriate) plan.

Management of the day care setting

Day care settings are expected to have an open, respectful, safe and participatory culture, with evidence that service users' views and comments have been sought and taken into account, and where the management style reflects the values underpinning these standards.

Within day care a range of complex and diverse issues may have to be managed and there must be effective management systems and processes in place to facilitate its smooth running. Managers are role models for staff and need to provide leadership, direction and support for their teams. When staff teams are properly guided and supported, staff development is encouraged and learning is shared, effective services will be delivered to service users.

The manager should be in control of all the day care setting's operations, but in larger organisations, where he or she does not have control of specific support services, for example transport, estates, finance and personnel, the registered person nominated on behalf of the organisation is responsible for ensuring the relevant standards are met.

Management and control of operations

Standard 17: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Criteria

17.1 There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.

17.2 The registered manager ensures the day care setting delivers services effectively on a day to day basis with good professional relationships in accordance with legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations. Issues arising are reported to the registered person.

17.3 Employers of social care workers adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Standards of Conduct and Practice for Employers, support staff in meeting their relevant codes of practice and take appropriate action when staff do not meet expected standards of conduct.[22]

17.4 Any absence of the registered manager of more than 28 days is notified to RQIA, and arrangements for managing the day care setting in the absence of the registered manager are approved by RQIA.

17.5 Services are delivered in accordance with the statement of purpose as approved by RQIA at the time of registration.

17.6 The statement of purpose is kept under review.

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[22] Information for Employers and the NISCC Standards of Conduct and Practice for Employers.can be accessed through: Standards-of-Conduct-and-Practice-For-Employers.pdf (niscc.info)

17.7 Any change to:

- Part 1 of the statement of purpose; or
- The person registered on behalf of the organisation;

or any change in:

- The registered manager; or
- The registered premises;

is only made with the approval of RQIA.

17.8 The service users' guide is kept under review, revised when necessary, and updated versions are provided to RQIA. Service users are encouraged and enabled to participate in the review and update of the service users' guide.

17.9 Working practices are systematically audited to ensure they are consistent with the day care setting's documented policies and procedures, and action is taken when necessary.

17.10 The registered person monitors the quality of services in accordance with the day care setting's written procedures, and completes a monitoring report on a monthly basis. This report summarises any views of service users ascertained about the quality of the service provided, and any actions taken by the registered person or the registered manager to ensure that the organisation is being managed in accordance with minimum standards.

17.11 The quality of services provided is evaluated on at least an annual basis and follow-up action taken. Key stakeholders are involved in this process.

17.12 All legally required certificates and licences are kept up to date and displayed if required, and are accessible for the purpose of inspection.

17.13 There are written accounting and financial control procedures that meet professional standards of good practice and legislative requirements, and provide safeguards against errors or fraud.

17.14 All accidents, incidents and communicable diseases occurring in the centre are reported to RQIA and other relevant organisations, in accordance with legislation and procedures.

17.15 The registered person and the registered manager undertake training to ensure they are up to date in all areas relevant to the management and provision of services.

17.16 The registered manager provides RQIA with documentary evidence of his or her registration with the relevant regulatory body annually and/or on request.

17.17 There is a written policy on "whistle blowing" and written procedures that identify to whom staff report concerns about poor practice.[23]

17.18 There are appropriate mechanisms to support staff in reporting concerns about poor practice.

17.19 The registered person has arrangements in place to ensure that:

- All necessary pre-employment checks are carried out;
- Satisfactory criminal history disclosure information at enhanced level in respect of the preferred candidate is sought from AccessNI;[24] and

[23] If all mechanisms for reporting allegations of poor practice or abuse have been exhausted without your concern being taken seriously, it should be noted that the Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection of what are commonly known as 'whistle blowers'

[24] **Note:** AccessNI can, through PSNI, obtain conviction information from An Garda Síochána. Apart from this unique arrangement, AccessNI is unable to obtain overseas criminal records or other relevant information, which may or may not exist, as part of its disclosure service – only

- All appropriate referrals necessary are made in order to safeguard vulnerable adults.[25]

17.20 For the independent sector, insurance cover is in place against loss or damage to the assets of the business. The level of cover should reflect the full replacement value of buildings, fixtures, fittings and equipment.

17.21 For the independent sector, insurance cover is held to limits commensurate with the level and extent of activities undertaken by the day care setting or to the minimum required by RQIA for employer's liability; public and third party liabilities; business interruption costs, including loss of earnings; and costs to providers of meeting contract liabilities.

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details of offences committed in the UK will be provided. Registered Bodies which intend to employ applicants from overseas should contact the relevant foreign embassy in this instance. Details for embassies in the UK, and up to date information on the cost of an enquiry to a particular country's representative, can be found on the Foreign and Commonwealth website: http://www.fco.gov.uk/en/ or telephone (020) 7008 1500. Information about AccessNI and its work can be found at: http://www.accessni.gov.uk/

[25] Referral of individuals to a relevant regulatory body and to the Independent Safeguarding Authority (ISA) may be necessary. The relevant regulatory body for social workers and social care workers is the Northern Ireland Social Care Council, information about which is available at: http://www.niscc.info/

The relevant regulatory body for first level registered nurses is the Nursing and Midwifery Council, information about which is available at: http://www.nmc-uk.org/

The relevant regulatory body for the specified allied health professionals is the Health Professions Council, information about which is available at: http://www.hpc-uk.org

The ISA makes decisions about who is placed on the children's barred list, the vulnerable adults' barred list, or both lists, which will prevent the barred individual from working with children and/or vulnerable adults. Information on the ISA, the ISA referral process and the barring decision-making process is available at: http://www.isa-gov.org/

Policies and procedures

Standard 18: There are policies and procedures in place that direct the quality of care and services.

Criteria

18.1 The policies and procedures as identified in Appendix 2 are in place and in accordance with statutory requirements.

18.2 There are arrangements to ensure that policies and procedures are developed with input from staff and service users.

18.3 Policies and procedures are centrally indexed and compiled into a policy manual.

18.4 Policies and procedures are dated when issued, reviewed or revised.

18.5 Policies and procedures are subject to a systematic three yearly review, and the registered person ratifies any revision to or the introduction of new policies and procedures.

Management of records

Standard 19: Clear documented systems are in place for the management of records in accordance with DHSSPS guidelines for managing records[26] and legislative requirements.

Criteria

19.1 The day care provider has a written policy and written procedures for the management of records that detail the arrangements for the creation, use, retention, storage and disposal of, and access to, those records.

19.2 Records required under the Day Care Setting Regulations (Northern Ireland) 2007 are held securely for the period of time as specified in the regulations and disposed of in accordance with best practice and relevant legislation.

19.3 The information held on record is accurate, up to date and necessary.

19.4 Staff are trained to create, use, manage and dispose of records in line with good practice and legislative requirements.

19.5 Service users have access to their records in accordance with the provisions of the Data Protection Act 1998.

[26] DHSSPS guidelines for record management are available at: http://www.dhsspsni.gov.uk/index/gmgr.htm

Recruitment of staff

Standard 20: Staff, including volunteers, are recruited and employed in accordance with relevant legislation.

Criteria

20.1 The policy and procedures for staff and volunteer recruitment detail the recruitment process and comply with legislative requirements and relevant guidance.

20.2 Before making an offer of employment:

- The applicant's identity is confirmed, including a recent photograph;
- Two satisfactory written references linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- Any gaps in an employment record are explored and explanations recorded;
- Satisfactory criminal history disclosure information at enhanced level in respect of the preferred candidate is sought from AccessNI (see Standard 17.19 and associated Foot Note);
- Professional and vocational qualifications are confirmed;
- Registration status with relevant regulatory bodies is confirmed;
- A pre-employment health assessment is obtained; and
- Current status of work permit/employment visa is confirmed.

20.3 Records of all the documentation relating to the recruitment process are kept in compliance with the principles of the Data Protection Act 1998 and with AccessNI's Code of Practice.[27]

[27] Information about AccessNI can be accessed through: http://www.accessni.gov.uk/index.htm

20.4 Staff are issued with a written statement of main terms and conditions, prior to employment and no later than thirteen weeks after appointment.

20.5 Job descriptions are issued to staff on appointment.

Staff training and development

Standard 21: Staff are trained for their roles and responsibilities.

Criteria

21.1 Staff who are newly appointed, agency staff and students are required to complete structured orientation and induction.[28]

21.2 The registered manager requires newly appointed staff to provide evidence of training most recently undertaken that fulfils mandatory training requirements.

21.3 Mandatory training requirements are met.

21.4 The training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them.

21.5 The registered manager is aware of DHSSPS strategic targets for the training of and attainment of relevant vocational qualifications[29] by care workers.

21.6 Arrangements are in place to ensure that care workers are able to maintain their registration with the appropriate professional regulatory body.

21.7 Care staff are encouraged and supported to achieve relevant part or whole vocational qualifications appropriate to their role and responsibilities and the needs of service

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[28] For social care staff this will mean having regard to NISCC's Induction Standards for new workers in social care, to ensure that they are competent to carry out the duties for their job, in line with the setting's policies and procedures. Information about NISCC's Induction standards can be accessed through: http://www.niscc.info/workfopxrce development-5.aspx

[29] National Vocational Qualifications (NVQS) have been replaced by the Qualifications and Credit Framework (QCF), which is the recognised vocational framework for qualification attainment in the social care workforce. Appropriate NVQs will continue to be recognised as relevant qualifications.

user groups, and in line with any requirements from the appropriate regulatory body.

21.8 A record is kept in the day care setting of all training, including induction, and professional development activities undertaken by staff. The record includes:

- The names and signatures of those attending the training event;
- The date(s) of the training;
- The name and qualification of the trainer or the training agency; and
- Content of the training programme.

21.9 The registered person ensures that:

- There is a written training and development plan that is kept under review and is updated at least annually. It reflects the training needs of individual staff and the aims and objectives of the organisation; and
- As part of the above review, the effect of training on practice and procedures is evaluated as part of quality improvement.

Staff supervision and appraisal

Standard 22: Staff are supervised and their performance appraised to promote the delivery of quality care and services.

Criteria

22.1 Managers and supervisory staff are trained in supervision and performance appraisal.

22.2 Staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.

22.3 Supervision sessions are planned in advance and dedicated time set aside.

22.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.

22.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.

22.6 Staff who are contracted to undertake specific activities or provide training for service users receive guidance and support that corresponds to their role and responsibilities.

22.7 Supervision and appraisal of care workers is undertaken by an appropriately qualified or experienced person.[30]

[30] This is an individual in a supervisory position. Existing supervisors of care workers may continue to supervise. Service providers are encouraged to support staff who supervise others to undertake accredited training for this purpose, e.g. QCF Level 5 Unit: Develop professional supervision practice in health, social care and children and young people's work setting.

Staffing

Standard 23: The number and ratio of management and care staff on duty at all times meet the care needs of service users.

Criteria

23.1 There are sufficient staff to meet the needs of service users. The number and ratio of staff to service users is calculated using a method that is determined by RQIA. Students and volunteers working in the setting are not taken into account in the overall staffing calculation.

23.2 At all times the staff on duty meets the assessed care, social and recreational needs of all service users, taking into account the statement of purpose, the size and layout of the day care setting and fire safety requirements.

23.3 There is a competent and capable person in charge of the day care setting at all times.

23.4 Administrative and ancillary staff are employed to ensure that minimum standards relating to their respective responsibilities are fully met.

23.5 Passenger assistants are employed when necessary to meet the needs of service users when transport is provided by the organisation.

23.6 Records are kept of all staff that includes names, dates of birth, previous experience, qualifications, starting and leaving dates, posts held and hours of employment.

23.7 A record is kept of staff working each day and the capacity in which they worked.

23.8 Staff meetings take place on a regular basis and at least quarterly. Records are kept that include:

- The date of all meetings;
- The names of those attending;
- Minutes of discussions; and
- Any actions agreed with responsibility for completion assigned and time frame for completion set out.

Volunteers

Standard 24: **Volunteers contribute to the day care setting in the best interests of the service users.**

Criteria

24.1 The procedure for the involvement of volunteers details the arrangements for their recruitment, vetting, training and management.

24.2 Service users and staff are informed about individual volunteers' roles and responsibilities.

24.3 The scope of activity and responsibilities of each volunteer is specified in writing.

24.4 Records are kept of the recruitment, training, monitoring and support arrangements.

24.5 A record is kept of volunteers deployed, the hours of service and the range of work undertaken.

Premises and grounds

Standard 25: The premises and grounds are safe, well maintained and remain suitable for their stated purpose.

Criteria

25.1 The building is kept clean and hygienic at all times, and decorated to a standard acceptable for the service users.

25.2 The temperature in areas occupied or used by service users for sedentary activities is between 19°C - 22°C.

25.3 Furniture, fittings and any equipment or mobility aids in areas accessed by service users are positioned to take into account the mobility and overall needs of the service users, including those with sensory impairments.

25.4 The temperatures at all hot water outlets at wash hand basins, showers and baths accessible to service users are maintained in accordance with the Safe Hot Water and Surface Temperature Health Guidance Note.

25.5 The grounds are kept tidy, safe, suitable for and accessible to all service users.

25.6 Catering areas comply with the Food Safety legislation at all times and reports from the Environmental Health Department are made available to RQIA.

25.7 The premises, engineering services, plant and care equipment are kept safe and suitable and maintained in

line with relevant legislation and relevant manufacturers' and installers' guidance.

25.8 Records are kept of all maintenance and servicing work undertaken, and all required maintenance certificates and documents are available for inspection.

25.9 The procedures for maintaining the premises, grounds, engineering services and care equipment are in line with legislation and relevant manufacturers' and suppliers' guidance.

25.10 All structural changes or change of use to the registered building and/or alterations to engineering services are approved by RQIA, and where relevant other statutory authorities.

25.11 Any changes made to furniture and fittings in areas used by service users meet the standards specified in the requirements for registration of the premises.

Vehicles

Standard 26: The vehicles (and equipment therein) are clean, safe, well maintained and comply with legislation.

26.1 The registered manager consults with service users on having livery on vehicles, and the arrangements take into account service users' views.

26.2 Vehicles are suitable for purpose and have safe access and egress for all passengers using them, including people with a disability and people using wheelchairs.

26.3 Vehicles can transport all passengers safely and comply with guidance from the Medical Device Agency on Wheelchair Tie-down & Occupant Restraint Systems (WTORS).

26.4 Staff in the vehicle can make contact with the day care setting by use of mobile phone or other means of communication in the case of an accident or medical or other emergency.

26.5 A written procedure detailing the action to be taken in the event of a road traffic accident is kept in vehicles owned by the organisation, and all transport staff are trained in the implementation of it.

26.6 All vehicles, including taxis and contracted vehicles, used to transport service users to and from the day care setting are suitable for purpose, meet all current road traffic legislation and have an agreed and understood contingency plan in the event of a road traffic accident, medical or other emergency.

26.7 Vehicle operators should have a system in place to ensure that all vehicles and associated equipment (for example, passenger lifts) are routinely checked, serviced and tested

and that defects are reported, rectified in a timely manner and appropriate records maintained.

26.8 There is a written contract which is regularly monitored between the organisation providing the day care setting and any other organisation providing transport for service users, which, at a minimum, reflects the requirement of this Standard, Standard 12 and the need to safeguard vulnerable adults.[31]

[31] **Note:** Those responsible for transporting vulnerable adults on behalf of the day care setting will fall within the definition of 'regulated activity' under the Safeguarding Vulnerable Groups (Northern Ireland) Order 2007, which is establishing a Vetting and Barring Scheme (VBS) in Northern Ireland. When **fully** implemented, it will be a requirement under the VBS to establish whether the individual engaging in transport activities is included in a barred list, which can be achieved through an Access NI Check. An individual who is included in a barred list and who seeks to engage in transport activities will be committing a criminal offence. It will also be a criminal offence for a day care provider to engage a barred person in transport activities. Up to date information on the further implementation of the VBS can be accessed through: http://www.dhsspsni.gov.uk/svg

Safe and healthy working practices

Standard 27: The day care setting is maintained in a safe manner, and safe and healthy working practices are promoted in all aspects of its work.

Criteria

27.1 The health and safety procedures comply with legislation and cover:

- The maintenance of equipment;
- The maintenance of a safe and healthy working environment;
- A safe and healthy place of work with safe access to it and egress from it; and
- Working practices that are safe and without risk to health or well-being.

27.2 There are arrangements in place to ensure the person in charge of the day care setting at any given time has relevant information to fulfil their health and safety responsibilities.

27.3 The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:

- Accident prevention;
- A safe and healthy work environment and safe systems of work;
- Control of Substances Hazardous to Health (COSHH);
- Fire safety awareness;
- First aid;
- Food hygiene;
- Infection control;

- Maintenance and use of all equipment and machinery;
- Moving and handling; and
- Safeguarding vulnerable adults.

27.4 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).[32] Adverse incidents involving medical devices and equipment are reported to the NIAIC, and any required action is managed appropriately.

27.5 The registered person ensures that risk assessments are carried out for every area of work in liaison with relevant others. The significant findings of the risk assessments are recorded and action taken to manage identified risks.

27.6 Publicly displayed health and safety procedures are in formats that are easily understood, and take account of the special communication needs of people using the building.

27.7 Staff are provided with appropriate protective clothing and equipment suitable for the job to prevent risk of harm, injury or infection to themselves or others.

27.8 Decontamination of reusable medical devices is carried out in line with current best practice and standards, and related records kept.

27.9 The day care setting has arrangements in place to provide staff with access to occupational health services when necessary.

[32] Information about NIAC can be accessed at: http://www.dhsspsni.gov.uk/index/hea/niaic.htm

Fire safety

Standard 28: Fire safety precautions are in place that reduce the risk of fire and protect service users, staff and visitors in the event of fire.

Criteria

28.1 There is a current Risk Assessment and Fire Management Plan that is revised and actioned when necessary, or whenever the fire risk has changed.

28.2 The physical fire safety precautions are provided and maintained in accordance with relevant legislation, manufacturers and installers' guidance, current guidance documents and British Standards.

28.3 Action recommended following fire safety inspections is taken. The registered person sends to RQIA any report made by inspectors that highlights areas for action.

28.4 All staff have training in the fire precautions to be taken or observed in the day care setting, including the action to be taken in case of fire. This training is provided by a competent person at the start of employment and is repeated at least once every year.

28.5 There is an identified competent person who is responsible for fire safety in the day care setting. There are arrangements in place to ensure the person in charge of the setting at any given time has relevant information to fulfil his or her fire safety responsibilities.

28.6 All staff attend a fire evacuation drill at least once a year. Action taken on problems or defects is recorded.

Management of medicines

Standard 29: Medicines are handled safely and securely.

Criteria

29.1 The management of medicines is in accordance with legislative requirements, professional standards and DHSSPS guidance.

29.2 The policy and procedures cover each of the activities concerned with the management of medicines. Carers of all service users are informed of these, and they are available on request.

29.3 Staff who manage medicines are trained and competent. A record is kept of all medicines management training, including refresher training, completed by staff.

29.4 The impact of medicines management training is evaluated as part of the quality improvement process, and through supervision and appraisal of staff.

29.5 Procedures should be in place for the transfer of information regarding medicines use, including details of medicines administered, changes to prescribed medication, returns or disposals.

29.6 Medication errors and incidents are reported to the appropriate authorities in accordance with procedures.

29.7 When discontinued or if unfit for use, medicines held for services users are returned to either the carer or to a community pharmacy for disposal.

29.8 Practices for the management of medicines are systematically audited to ensure they are consistent with the Service's policy and procedures, and action is taken when necessary.

Medicine records

Standard 30: Medicine records comply with legislative requirements and current best practice.

Criteria

30.1 A personal medication record is maintained for each service user which will be available for service users or carers to view. Such records are constructed, completed and retained in such a manner as to ensure that there is a clear audit trail of activities involving medicines with names, signatures, dates and times.

30.2 The personal medication record will include:

- Medicines prescribed
- Medicines administered;
- Medicines received;
- Medicines refused;
- Omitted doses of medicines;
- Medicines transferred out of day care setting;
- Medicines returned to the service user or carer for disposal; and
- Medicines that are self administered.

30.3 The receipt, administration and disposal of all Schedule 2 controlled drugs[33] are recorded in a record book (Controlled Drugs (CD) register).

[33] Schedule 2 controlled drugs mean any substance or product for the time being specified in Schedule 2 to the Misuse of Drugs Regulations (Northern Ireland) 2002, as amended.

Medicines storage

Standard 31: Medicines are safely and securely stored.

Criteria

31.1 Medicines are stored securely under conditions that conform to statutory and manufacturers' requirements. Where this necessitates storage in a refrigerator, the temperature should be suitably monitored and records maintained.

31.2 During the opening hours of the day care setting, the keys to all medicine cupboards are securely held by a designated member of staff and spare keys are the responsibility of the manager. There are procedures in place for the safe custody of keys at times when the unit is closed.

31.3 Quantities of controlled drugs, if held, are reconciled at the beginning and end of each day that the day care setting is in operation.

31.4 Arrangements are made for the safe storage of medicines for clients who self administer.

Administration of medicines

Standard 32: Medicines are safely administered in accordance with the prescribing practitioner's instructions.

Criteria

32.1 Where service users are responsible for the self-administration of their own medicines, this should be clearly recorded in the service user's personal medication record.

32.2 Any changes to individual risk assessments are recorded, and the arrangements for self-administering medicines are kept under review.

32.3 Medicines that are not labelled with full and accurate dosage instructions should not be retained, and should be returned to the service user or carer for clarification.

32.4 Prescribed medicines are only administered to the service user for whom they are prescribed.

32.5 Medicine doses are prepared immediately prior to their administration from the container in which they are dispensed.

32.6 The administration of a Schedule 2 controlled drug is recorded and signed in the CD Register by the member of staff administering the drug, and the witness who is present at its administration.

32.7 Any omission or refusal likely to have an effect on the service user's health or well-being is reported to the relative, carer, or healthcare professional involved with the service user, and an accurate record made in the service user's personal medication record. All such events are recorded in the service user's notes, along with, where possible, an update on how the matter has been resolved. Efforts should be made to follow up such instances and,

where possible, resolution should be sought by day care staff in liaison with the referral agent**.**

32.8 The act of administering medication in disguised form is discouraged but, when necessary, is undertaken in accordance with current best practice as defined by professional bodies and national standard setting organisations. The assessment process and outcomes are documented in the service user's records.

32.9 Non-prescribed medicines are administered in accordance with qualified medical or pharmaceutical advice, which is formalised in an agreed protocol.

SECTION 2

REQUIREMENTS FOR REGISTRATION

Registration

This section sets out the requirements that must be met by statutory, voluntary and private providers of day care settings to obtain registration. Articles12 to 22 of the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 deal with registration and should be read in conjunction with this section.

The statement of purpose defines what services and facilities the day care setting will provide, whilst the operational policy describes how these will be provided.

An individual who intends to carry on a day care setting must be registered and is referred to as the registered person. An organisation that intends to carry on a day care setting is required to nominate one person to be registered on behalf of that organisation, who is referred to as the registered person.

The manager of the day care setting must also 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 of these positions.

The design and construction of day care settings must be suitable for their stated purpose and provide a comfortable, safe and enabling environment.

The environmental requirements for a day care setting are separated into:

1. Standards for new buildings. These apply to new buildings that require to be registered as day care settings and new extensions to any existing registered day care setting; and

2. Standards for existing buildings. These apply to buildings that already operate as a day care setting and are seeking registration for the first time or re-registration after changing ownership.

Statement of purpose

The written statement of purpose for the day care setting includes the following information:

Part 1:

- Details of the person or organisation with overall responsibility for the service;
- The relevant qualifications and experience of the registered manager, registered person and persons employed in the service;
- The status and constitution of the service;
- The organisational structure of the service;
- The aims and objectives of the service;
- The philosophy of care;
- The services and facilities provided by the day care service and the range of needs the service is intended to accommodate;
- The number and size of rooms in the day care setting; and
- The number of service users and the categories of care to be provided with services.

Part 2:

The operational policy for the day care setting, which includes:

- The arrangements in place to ensure the fitness of persons to work in the day care service;
- The arrangements in place to ensure the adequacy of numbers of persons working in the service;
- The arrangements for the training and development of people who work in the service;
- Admission arrangements for service users, including the service users' guide;
- The arrangements for safeguarding and promoting the health and well-being of the service user;

- Details of any specific therapeutic techniques used in the day care setting and arrangements made for their supervision;
- The arrangements for service users to engage in social activities, hobbies and leisure interests;
- The arrangements made for respecting the dignity and privacy of service users;
- The arrangements to facilitate contact between service users and their representatives;
- Programmes and activities;
- The care planning process;
- The arrangements for securing health and social care services;
- The arrangements for the management and control of the day care setting;
- The accounting and financial control arrangements for the day care setting;
- The insurance arrangements (independent sector only);
- The arrangements for the keeping of documents and records;
- The arrangements for the notification of reportable events;
- The arrangements made for consultation with service users or their representatives about the operation of the day care setting;
- The arrangements for dealing with complaints and the steps for publicising the arrangements;
- The arrangements for the management of medicines;
- A fire safety management plan that demonstrates compliance with 'fire code' and The Fire Precautions (Workplace) Regulations (Northern Ireland) 2001, based on the findings from a risk assessment carried out against HTM 86 supplement or an equivalent;
- A written agreement or contract detailing the responsibilities of each party involved for the maintenance, safety and fire precautions for the property where the registered person does not own the building;

- Where other groups use the building outside day care operating hours, the written agreements or contracts detailing the responsibilities of each party involved for the maintenance, safety and fire precautions for the property; and
- The policies and procedures listed in Appendix 2.

Fitness of the registered person

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

- Proof of the person's identity, including a recent photograph;
- Satisfactory criminal history disclosure information at enhanced level is sought from AccessNI (see Standard 17.19 and associated Foot Note);
- Two satisfactory written references;
- A pre-employment health assessment;
- Evidence of relevant professional or vocational qualification and any management qualification or accredited training (if any), and registration with the relevant regulatory body (where appropriate);
- Financial/business plan; and
- Adequate insurance arrangements (independent sector only).

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

- Has knowledge and understanding of his or her legal responsibilities;
- Intends to carry on the day care setting in accordance with relevant legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations;
- Intends to undertake up-date training to ensure he or she has the necessary knowledge and skills; and
- Will adhere to the Northern Ireland Social Care Council (NISCC) Standards of Conduct and Practice for Employers of social care workers and support staff in meeting their relevant codes of practice and take appropriate action, when staff do not meet expected standards of conduct.

A person shall not carry on a day care setting if he has been declared bankrupt or any sequestration of his estate has been ordered and he has not been discharged or the bankruptcy order has not been

annulled or rescinded, or he has made a composition or arrangement with his creditors and has not been discharged in respect of it.

Where the registered person is convicted of any criminal offence, in Northern Ireland or elsewhere, he must notify RQIA of the date and place of the conviction, the offence of which he was convicted and the penalty imposed.

Fitness of the registered manager

To determine the fitness of the person applying for registration as the manager, the Regulation and Quality Improvement Authority (RQIA) is assured through the registration process that the person meets the following requirements.

The person has the appropriate combination of qualification, registration and experience as set out below (i.e. **either** one of the professional qualifications under 1 combined with the experience under 2, **or** else the option set out at 3 combined with the experience under 4).

1. One of the professional qualifications below:

    (a) a professional social work qualification and registered on the appropriate part of the Northern Ireland Social Care Council (NISCC) register, without condition; **or**
    (b) a first level registered nurse on the appropriate part of the Nursing and Midwifery Council register; **or**
    (c) allied health professions[34] registered with the Health Professions Council.

and

2. a minimum of four years work experience in any health and/or social care setting with one or more of the service user groups supported by the day care setting. At least two years of this experience must be in a relevant operational management capacity[35] in a health and social care setting.

[34] For these purposes, 'allied health professions' mean: arts therapists; dietitians; occupational therapists; orthoptists; orthotists; physiotherapists; podiatrists; prosthetists; radiographers; or speech and language therapists.

[35] Relevant management experience may include: a management post in health and social care team/service; staff management; service supervision; caseload management; care management; resource management; student supervision/mentoring; project management.

Or

One of the following qualifications

1. QCF Level 5 Diploma Leadership and Management in Health and Social Care (Adult Management) Northern Ireland and Wales

2. Level 5 Diploma Leadership and Management in Health and Social care (Adult Management) Northern Ireland and Wales

3. Level 5 Diploma in Leadership and Management in Health and Social Care Northern Ireland(Adult Management)

4. Level 5 Diploma in Leadership and Management in Health and Social Care Services (Northern Ireland)

and

4. a minimum of five years practice experience in any health and social care setting with one or more of the service user groups supported by the day care setting, which must include at least two years relevant experience in an operational management capacity[36] in a health and social care setting.

The following are also required:

- Proof of the person's identity, including a recent photograph;
- Satisfactory criminal history disclosure information at enhanced level in respect of the preferred candidate is sought from AccessNI (see Standard 17.19 and associated Foot Note);

[36] For relevant management experience see previous footnote

- Two satisfactory written references linked to the requirements of the job are obtained, one of which is from the applicant's present or most recent employer;
- A full employment history, including history of management experience within health and social care, together with a satisfactory written explanation of any gaps in employment;
- Where a person has previously worked in a position which involved work with children or vulnerable adults, so far as it is reasonably practicable, verification of the reason why the employment or position ended;
- Details and documentary evidence of relevant professional or vocational qualification and any management qualification or accredited training;
- Confirmation of registration status with the relevant regulatory body;[37]
- Details of any professional indemnity insurance;
- A pre-employment health assessment; and
- Confirmation of current status of work permit/employment visa.

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

- Has knowledge and understanding of the current legal responsibilities of the post and standards for the service, including the need for the management and delivery of person-centred services;
- Has knowledge of current health and social care services available in the area for the service user groups served by the day care setting;

[37] The relevant regulatory body for social workers and social care workers is the Northern Ireland Social Care Council, information about which is available at: http://www.niscc.info/
The relevant regulatory body for first level registered nurses is the Nursing and Midwifery Council, information about which is available at: http://www.nmc-uk.org/
The relevant regulatory body for the specified allied health professionals is the Health Professions Council, information about which is available at: http://www.hpc-uk.org

- Will maintain registration with the relevant regulatory body; and
- Intends to manage the day care setting in accordance with relevant legislative requirements, DHSSPS Minimum Standards and other standards set by professional bodies and standard setting organisations.

Legacy arrangements for existing managers who do not hold an appropriate qualification or registration
Existing managers of day care settings, who do not hold an appropriate qualification or registration but who are registered with the RQIA at the date of publication of these standards, retain their registered status whilst they continue to work within the day care sector. It is strongly advised that mangers in this group undertake yearly update training and learning as part of their Continuous Professional Learning and PRTL requirements

Registered providers are encouraged to support these managers in pursuing the appropriate qualifications, i.e. Level 5 Diploma in Leadership and Management in Health and Social Care Northern Ireland (Adult Management). All existing managers should be encouraged to seek registration with the relevant regulatory body.

Suitability of the premises - new buildings and extensions

The following set of requirements (N1 – N45) applies to **new buildings** that require to be registered as day care setting and **new extensions** to any existing registered day care setting.

Premises and grounds

N1. 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, approval letters and letters certifying completion of works and arrangements from other agencies and authorities confirm this.

N2. There are suitable car parking arrangements for service users, visitors and staff.

N3. There is clear access to and egress from the setting for emergency and other vehicles, and there are suitably sized turning spaces for service vehicles using the site.

N4. There are areas for service users to get on and off transport safely that are illuminated and offer some protection against the elements.

N5. Where the day care setting's programme includes outdoor therapeutic and leisure opportunities, the space is accessible to all service users. In settings registered to provide services to people with dementia, there is a secure perimeter.

N6. Front entrance doors are semi-automatic as a minimum and in facilities where people need assistance with walking or use wheelchairs, consideration should be given to having doors in activity areas fitted with hold open devices or that are free-swing and linked to the fire alarm.

N7. The doorways in activity areas used by service users have a clear opening width of at least 800mm, but in settings where

service users need assistance when walking or use wheelchairs, wider doorways are recommended. Corridor doors have vision panels and in day care settings where service users need assistance when walking or using wheelchairs, there are level access thresholds at all doors.

N8. The minimum corridor width is 1.2m unobstructed between handrails, but in day care settings where service users need assistance when walking or use wheelchairs a minimum width of between 1.5m and 1.8m is recommended.

N9. All activity areas are accessible to service users through the provision, where necessary, of ramps, lifts (large enough to accommodate a stretcher), other facilities and signage.

N10. According to the service user groups offered services in the day care setting, there are suitably positioned hand and grab rails, hoists, communication aids and other equipment, including assistive technology, which meet the general needs of the service user group and promote independence in all the areas accessed or used by service users.

N11. According to the service user groups offered services in the setting, service user/staff call points, accessible to service users are provided in areas where service users are likely to be alone, toilets and washrooms. These are linked to a system that alerts staff a call is being made or assistance is required.

N12. There is both natural and good quality artificial lighting in all areas suitable for the needs of service users and any activities organised in each room. The artificial lighting in areas used by service users is sufficiently bright and positioned to facilitate activities. The recommended lighting level in toilets is between 100 – 200 lux.

N13. All activity areas used by service users are naturally ventilated, have opening windows with safety glazing and guarding where necessary. Window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden by

service users. Frosted or obscured glass is fitted as required to ensure privacy.

N14. The heating system can be controlled within safe limits for the service users' comfort in areas accessed and used by them, and is able to provide a range of temperatures throughout the setting.

N15. Furniture and fittings are suitably designed for the activities that take place in the room, and incorporate ergonomic design principles that promote user independence and safe handling. They, and any equipment or mobility aids, are positioned to take into account the mobility and overall needs of the service users, including those with sensory impairments.

N16. Floor coverings and wall finishes are suitable for the purpose of each room and meet health and safety and infection control requirements. Finishes that produce glare, dazzle and optical illusions are avoided, and where service users use wheelchairs floor coverings have non-directional pull. According to the service user groups offered services in the day care setting, for example those with a visual impairment, changes in the texture of floor coverings or other indicators should be considered to identify key areas in the setting, for example doorways or the top or bottom of stairs.

Space for activities

N17. The minimum space per service user (excluding corridors and circulation areas) is 4.5m² in general activity areas, except for computer suites where 3.0m² is adequate. Where service users have high dependency needs, a minimum space of 7.5 m² is recommended.

N18. Having a range of size of rooms provides flexibility for organising activities and where the varied needs of service users can be met. According to the service user groups offered services in day care setting, this can include:

- A room where meetings can take place;

- A facility for service users to make or get drinks and snacks;
- A quiet room with something suitable to rest on; and
- A room where telephone calls can be made or received in private.

N19. The design of the dining space takes into consideration the number of service users who can eat comfortably together at one time. The space required for dining is at least 1.5 m² per person, but where service users have high dependency needs the space will be greater.

Toilet and washing facilities

N20. There are separate toilets for ambulant males and females, at least one wheelchair accessible unisex toilet that complies with part R of the Building Regulations and a toilet facility identified for visitors.

N21. Each toilet facility:

- is clearly marked and conveniently located to rooms used by service users;
- is fully and separately enclosed;
- has suitable hand washing and drying facilities to meet infection control guidelines; and
- has a door that opens outwards.

Toilets for ambulant, semi and assisted ambulant people are a minimum of 3m².

Toilets for people who use a wheelchair independently or require the assistance of one person are a minimum of 4.5m² and at least 2m long.

Toilets for people who use a wheelchair and require the assistance of two people are a minimum of 5.5m² and at least 2m long.

N22. Where the day care setting provides personal care there is an adequate number of bath and shower facilities.

Bathrooms for ambulant people, people who require assistance and people who use a wheelchair independently are a minimum of 8.5m².

Bathrooms for people who require the use of a hoist are a minimum of 16m².

Shower rooms are 7m² (non-linear layout) or 7.5m² (linear layout) and are level access.

N23. Locks and handles on toilets, bathroom and shower room doors are easy to operate and allow staff immediate access in an emergency.

Medicines

N24. There is an identified area where medicines can be stored, in accordance with the manufacturers' instructions. This has:

- cupboards conforming to British Standards for the storage of medicines;
- space to safely store, access and administer medicines and medicinal products;
- sufficient work surfaces for the tasks required; and
- hand washing facilities in close proximity that meet infection prevention and control guidelines.

Clinical or treatment room

N25. Where a clinical or treatment room is provided there is space within the room to undertake minor procedures such as changing dressings, health checks or podiatry, and the room has a stainless steel sink unit with drainer, separate hand washing facilities, high and low level lockable cupboards for the safe, secure storage of clinical equipment, and approved containers for the collection, storage and disposal of clinical waste, including sharps.

Infection prevention and control

N26. There is hand-washing equipment (wash hand basins, liquid soap dispensers, paper towels and pedal operated bins) in areas where care is provided.

N27. Approved containers are provided in all areas of the setting that are suitable for the type of waste generated.

N28. Wheeled bins for clinical waste are provided that allow for 'single handling' of the waste in a secure outside area.

Sluice rooms

N29. Where provided, sluice rooms are located away from areas where food is stored, prepared, cooked or eaten.

N30. Sluice rooms are ventilated, lockable and equipped with facilities for disposal of clinical waste, including disposable continence products, and for cleaning and disinfecting soiled items in accordance with relevant guidelines.

N31. Separate hand-washing facilities that meet infection prevention and control guidelines are provided in sluice rooms.

Laundry

N32. Where laundry facilities are provided or a laundry is used as part of the programme, it is located away from areas where food is stored, prepared, cooked or eaten and public spaces. It is suitably ventilated and allows for the separation of soiled and clean clothes and linen.

N33. Laundry equipment includes a sink with drainer, washing machine with, if required, a sluicing facility and a specified programme to meet disinfection standards, and a tumble drier that is vented externally or is a condensing type.

N34. If required, there are safe facilities for ironing.

N35. Separate hand-washing facilities that meet infection prevention and control guidelines are provided in laundries.

Catering areas

N36. The catering facilities and equipment are adequate for the method of food provision and for the number of service users attending the centre. Consideration is given to the provision of separate cooking areas to accommodate specific cultural or religious catering needs.

N37. Catering areas comply with the Food Hygiene legislation.

Storage

N38. There is provision for the secure storage of all required records.

N39. Secure facilities are provided for the safe keeping of money and valuables held on behalf of service users.

N40. Each activity room has allocated storage areas or rooms, equivalent to approximately 10% of the total activity area, and located in close proximity to the activity room. Where service users have high dependency needs the space will be greater, and equivalent to approximately 15% of the total activity area.

N41. There are personal lockers or lockable spaces for use by service users.

N42. There are storage areas for cleaning materials and equipment that is ventilated and lockable. (An average size for a storeroom for cleaning materials is between 5.5m² and 7.5m².)

N43. Gas and other fuel storage facilities comply with relevant legislative requirements and best practice guidance.

N44. Where necessary there is storage space for garden furniture, equipment and other items accessed externally.

Staff facilities

N45. There are staff facilities, including at least one office, consistent with the required number of people employed in the day care setting.

Suitability of the premises - existing buildings

The following set of requirements (E1 – E39) applies to **existing buildings** that already operate as day care settings and are seeking registration for the first time, or re-registration after changing ownership.

Premises and grounds

E1. The building and grounds are designed to comply with all relevant legislation and to a reasonable degree with guidance documents. Certificates and commissioning documents with regard to engineering services and plant, approval letters and letters certifying completion of works and arrangements from other agencies and authorities confirm this.

E2. Car parking spaces are available unless the location and site of the day care setting prevent this.

E3. Emergency and other vehicles have clear access to and egress from the day care setting.

E4. There are illuminated areas for service users to get on and off transport safely that, where possible, provide protection against the elements.

E5. Where there is outdoor space for therapeutic and leisure activities, this is safe and accessible to all service users. In day care settings registered to provide services to people with dementia, there is a secure perimeter.

E6. RQIA approve the width of doorways and corridors so that all areas accessed or used by service users are accessible to them through the provision of, where necessary, ramps, passenger lifts, other facilities and signage.

E7. According to the service user groups offered services in the day care setting, there are suitably positioned hand and grab rails, hoists, communication aids and other equipment, including

assistive technology, to meet the general needs of the service user group and to promote independence in all activity areas.

E8. There is both natural and good quality artificial lighting in all areas suitable for the needs of service users and any activities organised in each room. The artificial lighting in areas used by service users is sufficiently bright and positioned to facilitate activities. The recommended lighting level in toilets is between 100 – 200 lux.

E9. All areas used by service users have either opening windows with safety glazing and guarding where necessary, or have mechanical ventilation. Window openings are controlled to a safe point of opening of not more than 100mm and cannot be overridden by service users. Frosted or obscured glass is fitted as required to ensure privacy.

E10. The heating system can be controlled within safe limits for the service users' comfort in areas accessed and used by them, and is able to provide a range of temperatures throughout the day care setting.

E11. Furniture and fittings are suitably designed for the activities that take place in the room and incorporate ergonomic design principles that promote user independence and safe handling. They, and any equipment or mobility aids, are positioned to take into account the mobility and overall needs of the service users, including those with sensory impairments.

E12. Floor coverings and wall finishes are suitable for the purpose of the room and meet health and safety and infection control requirements. Finishes that produce glare, dazzle and optical illusions are avoided and where reasonably possible, where service users use wheelchairs floor coverings have non-directional pull. According to the service user groups offered services in the day care setting, for example those with a visual impairment, changes in the texture of floor coverings or other indicators should be considered to identify key areas in the day care setting, for example doorways or the top or bottom of stairs.

Space for activities

E13. RQIA approves the space used by service users. Where reasonably possible, the space required for activity per service user (excluding corridors and circulation areas) is 4.5m² in general activity areas, except for computer suites where 3.0m² is adequate. Where service users have high dependency needs, a minimum space of 7.5 m² is recommended.

E14. The activity space includes rooms which can be used for a variety of activities related to the statement of purpose, and where the varied needs of service users can be met.

E15. RQIA approves the dining spaces, and where reasonably possible, the space for dining amounts to 1.5 m² per person. Where service users have high dependency needs, the space will be greater and some may have their meals in an area other than the dining room.

Toilet and washing facilities

E16. Where reasonably possible, the day care setting has separate toilets for ambulant males and females and at least one wheelchair accessible unisex toilet, that complies with part R of the Building Regulations and a toilet identified for visitors.

E17. Each toilet facility is:

- clearly marked; and
- has suitable hand washing and drying facilities to meet infection control guidelines.

E18. Where the day care setting provides personal care, RQIA approves the bathing and showering facilities.

E19. Locks and handles on toilets, bathroom and shower room doors are easy to operate and allow staff immediate access in an emergency.

Medicines

E 20. There is an identified area where medicines can be stored in accordance with the manufacturers' instructions. This has:

- lockable cupboards for the storage of medicines;
- space to safely store, access and administer medicines and medicinal products;
- sufficient work surfaces for the tasks required; and
- hand washing facilities, in close proximity, that meet infection prevention and control guidelines.

Clinical or treatment room

E21. Where provided, the clinical or treatment room has hand-washing facilities that comply with infection control guidelines.

Infection prevention and control

E22. There is hand-washing equipment (wash hand basins, liquid soap dispensers, paper towels and pedal operated bins) in areas where care is provided.

E23. Approved containers are provided in all areas of the day care setting that are suitable for the type of waste generated.

E24. Wheeled bins for clinical waste are provided that allow for 'single handling' of the waste in a secure outside area.

Sluice rooms

E25. Where a sluice room is provided, it is ventilated and lockable, and equipped with facilities for disposal of clinical waste, including disposable continence products and for cleaning and disinfecting soiled items in accordance with relevant guidelines.

E26. Separate hand-washing facilities that meet infection prevention and control guidelines are provided in close proximity to sluice rooms.

Laundry

E27. Where laundry facilities are provided or a laundry is used as part of the programme of activities, it is located away from areas where food is stored, prepared, cooked or eaten and public spaces. It is suitably ventilated and allows for soiled articles to be separated from clean clothes and linen.

E28. Laundry equipment includes a sink with drainer, washing machine with, if required, a sluicing facility and a specified programme to meet disinfection standards. Any tumble drier is vented externally or is a condensing type.

E29. If required, there are safe facilities for ironing.

E30. Separate hand-washing facilities that meet infection prevention and control guidelines are provided in close proximity to the laundry.

Catering services

E31. The catering facilities and equipment are adequate for the method of food provision and for the number of service users attending the setting. Consideration is given to the provision of separate cooking areas to accommodate specific cultural or religious catering needs.

E32. Catering areas comply with the Food Hygiene Legislation.

Storage

E33. There is provision for the secure storage of all required records.

E34. Secure facilities are provided for safe keeping of money and valuables held on behalf of service users.

E35. Each activity room has an allocated storage room or area.

E36. There are storage areas for cleaning materials and equipment that is ventilated and lockable.

E37. Gas and other fuel storage facilities comply with relevant legislative requirements and best practice guidance.

E38. Where necessary there is storage space for garden furniture, equipment and other items.

Staff facilities

E39. There are staff facilities, including at least one office, consistent with the required number of people employed in the day care setting.

APPENDICES

APPENDIX 1

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

1. The following documents in respect of each service user:

   (a) the assessment of the service user's needs undertaken by a suitably qualified or suitably trained person; and
   (b) the services user's care plan, prepared in consultation with the service user, or his or her representative, where appropriate.

2. A recent photograph of the service user.

3. A record of the following matters in respect of each service user:

   (a) name, address, date of birth and marital status of each services user;
   (b) name, address and telephone number of the service user's next of kin, or of any person authorised to act on his/her behalf;
   (c) the name, address and telephone number of the service user's general practitioner and of any officer of a HSC Trust whose duty it is to supervise the welfare of the service user;
   (d) the date on which the service user commenced attendance at the day care setting;
   (e) the date on which the service user ceased to attend the day care setting;
   (f) if the service user transfers to another day care setting, the name of the day care setting and the date on which the service user transfers;
   (g) if the service user died in the day care setting, the date and time of death;
   (h) the name and address of any HSC Trust, or other body which arranged the service user's attendance in the day care setting;
   (i) a record of all medicines brought into the day care setting for the service user, and the date on which they were administered to the service user;

(j) a record of any accident affecting the service user in the day care setting which is detrimental to the health, or welfare of the services user, including the nature, date and time of the accident, or incident, whether medical treatment was required and the name of the persons, who were respectively in charge of the day care setting and supervising the service user;
(k) details of any specialist communication needs of the service user and methods of communication that may be appropriate to the service user;
(l) details of any healthcare plan relating to the service user, in respect of medication, specialist health care provision, or nutrition;
(m) a record of any falls and of treatment provided to the service user;
(n) a record of any restraint or seclusion used in relation to the service user;
(o) a record of any limitations agreed with the service user or his/her representative as to the service user's freedom of choice, liberty of movement and power to make decisions.

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

APPENDIX 2

POLICIES AND PROCEDURES

The following policies and procedures are associated with the minimum standards and are required to be in place in a day care setting:

Absence of manager
Access to records
Accidents – preventing, reporting, recording and notification
Accounting and financial control arrangements
Alcohol in the day care setting
Assessment, care planning and review
Assessment of risks in the day care setting
Communications with carers and representatives
Complaints
Confidentiality
Consent
Continence promotion
COSHH
Dealing with death and dying
Decontamination of reusable medical devices
Discharge arrangements for service users
Disposal of clinical waste
Exclusion policy
Equality issues
Fire precautions
First aid
General communication arrangements
Gifts to staff and donations to the setting
Infection prevention and control
Inspections of the day care setting
Insurance arrangements
Introduction to the day care setting
Involvement of service users in the running of the day care setting
Laundry services
Listening and responding to service users' views
Maintenance of equipment, plant, premises and grounds
Maintenance of vehicles

Management of keys
Management of medicines, including administering or assisting with medication
Management of records
Management of risks associated with care of individual service users
Management, control and monitoring of the setting
Managing aggression and challenging behaviours
Menu planning
Missing items
Missing service users
Moving and handling
Occupational health arrangements
Operational policy
Outings for service users
Personal lockers for service users
Planning and reviewing programmes and activities
Promotion of service users' health and well-being
Quality improvement
Record of all accounts relating to the day care setting
Recording and reporting care practices
Referral arrangements
Referral to health and social care professionals
Reporting adverse incidents
Responding to service users' behaviour
Restraint and seclusion
Safeguarding vulnerable adults
Safe and healthy working practices
Safe handling of food
Safeguarding and protecting service users' money and valuables
Security of the day care setting
Service user's health care arrangements
Service user's involvement in activities and events
Service user agreement
Service user guide
Service users meetings and forums
Service users' personal relationships
Skin care
Smoking
Staff acting as a key worker
Staff clothing

Staff discipline
Staff grievance
Staff induction
Staff meetings
Staff records
Staff recruitment
Staff supervision and appraisal
Staff training and development
Staffing arrangements
Take-away foods
Transport for service users, provision and use
Untoward incidents
Use of agency staff
Visitors
Volunteers
Whistle blowing

APPENDIX 3

OTHER RECORDS TO BE KEPT IN A DAY CARE SETTING

1. A copy of the statement of purpose.

2. A copy of the service user's guide.

3. A record of all accounts relating to the day care setting.

4. A copy of all inspection reports.

5. A copy of any report made under regulation 28(4)(c) and a copy of any written record or report made under regulation 29.

6. A record of all persons employed in the day care setting, including in respect of each person so employed—

   (a) his full name, address, date of birth, qualifications, experience and if applicable, confirmation of his registration status with an appropriate professional regulatory body;
   (b) a copy of his birth certificate and passport (if any);
   (c) a copy of each reference obtained in respect of him;
   (d) the dates on which he commences and ceases to be so employed;
   (e) the position he holds in the day care setting, the work that he performs and the number of hours for which he is employed each week;
   (f) correspondence, reports, records of disciplinary action and any other records in relation to his employment including the recruitment process under which he was appointed;
   (g) the training and development activities completed by him.

7. A copy of the duty roster of persons working in the day care setting, and a record of whether the roster was actually worked.

8. Where applicable, a record of the day care setting's charges to service users, including any extra amounts payable for additional services not covered by those charges, and the amounts paid by or in respect of each service user.

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

10. A record of any of the following events that occur in the day care setting—

    (a) any accident;
    (b) any incident which is detrimental to the health or welfare of a service user, including the outbreak of infectious disease in the day care setting;
    (c) any injury or serious illness;
    (d) any fire;
    (e) except where a record to which paragraph 12 refers is to be made, any occasion on which the fire alarm equipment is operated;
    (f) any theft or burglary.

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

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

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

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

15. A record of charges made to service users for transport and the amounts paid by or in respect of each service user.

16. A record of the programme of events and activities that includes the name of the person leading the activity and the names of those who participated.

17. A record of all staff meetings held and the names of all those attending.

18. A record of training undertaken as referred to in regulation 20(1)(c)(i).

19. A record of all visitors to the day care setting, including the names of all visitors.

APPENDIX 4

GLOSSARY OF TERMS

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

Abuse
Single or repeated act or lack of appropriate action occurring where there is an expectation of trust , which causes harm or distress, including physical, together with inappropriate restraint, sexual, psychological, emotional verbal, financial or material neglect and acts of omission, institutional, discriminatory and abuse through inappropriate use of medication.

Access NI
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.

Adverse incident
Any event or circumstance that could have or did lead to harm, loss, or damage to people, property, environment or reputation.

Agency staff
Staff contracted from a regulated agency for work in the day care setting.

Audit
Systematic review of the procedures that examines how associated resources are used and investigates the effect that care has on the outcome and quality of life for the service user.

Behaviour management programme
Planned interventions to manage specific behaviour agreed by appropriate professionals, where staff employ pre-arranged strategies and methods, based on a risk assessment and recorded in the service user's care plan.

Care plan
The outcome of an assessment. A description of what an individual needs and how these needs will be met.

Community care
Health and social care services aimed at supporting individuals to remain in their own homes, for as long as possible.

Controlled Drugs
Schedule 2 controlled drug means any substance or product for the time being specified in Schedule 2 to the Misuse of Drugs Regulations (Northern Ireland) 2002, as amended.

Individual agreement
A written agreement between the service user and the service provider which sets out, among other things, services to be provided, associated fees and charges, if any, the terms and conditions and the rights and responsibilities of both parties.

Induction
Initial training or guidance given at the start of employment.

Job description
A written, agreed and up to date statement of the main tasks and responsibilities of a staff member's job within the day care setting, including an overall definition of their role and the person to whom they are accountable.

Key worker
The member of staff in the day care setting responsible for co-ordinating the service user's plan, for monitoring its progress and for staying in regular contact with the service user and everyone involved.

Mandatory training
Training required by a piece of legislation.

Medicines - Administration of
Involvement of the care or support worker in any of the following:

- Helping the service user to identify the medication to be taken or applied;
- Preparing the medication dose; and/or
- Giving or applying the medication dose to the service user.

Needs assessment
A process whereby the needs of an individual are identified and their impact on daily living and quality of life, is evaluated, undertaken with the individual, his/her carer and relevant professionals. Also sometimes referred to as a care assessment.

Passenger assistant
A member of staff employed to support service users while using transport that is provided by the organisation.

Person-centred assessment
An assessment which places the person at the centre of the process and which responds flexibly and sensitively to his/her needs.

Personal care
The provision of appropriate assistance in counteracting or alleviating the effects of old age and infirmity, disablement, past or present dependence on alcohol or drugs, or, past or present mental disorder and includes action taken to promote rehabilitation, assistance with physical or social needs and counselling.

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

Procedure
The steps taken to fulfil a policy.

Public liability insurance

A general term for any liability coverage for claims brought against the insured by a third party or member of the public. It is liability for damage or injury to property, health, or life as a result of use of dangerous objects or work with them (means of transport for instance). The liability also concerns a non-intentional infringement of a law or contract liabilities.

Records

Books, papers maps, photographs, machine readable materials or other documentation created or maintained as evidence of a business activity.

Referral agent

The person or body responsible for referring the service user to the day service, and who is responsible for providing initial assessment and referral information, formal care reviews and for general oversight of the effectiveness of the service in meeting the service user's needs, including discharge from the service and arranging for the provision of any after care needed. HSC Trusts take a primary role as referral agents to many day services.

Registered person/registered provider

A person deemed qualified to provide the service whose name appears on the certificate of registration. The registered person has overall responsibility for ensuring that the requirements of regulations and the associated standards are met. A company, committee or other group may be the registered person.

Registered manager

The person in day to day charge of the service. The registered manager must have appropriate qualifications and experience.

Representative

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

Service user

A person in receipt of services who can also be referred to as client, and in relation to day care as an attendee, member etc.

Service user representative
A person who represents the service user, and may be a carer, relative, friend, or a formally recognised advocate.

Staff
Individuals working in the day care setting, whether paid or voluntary, full-time or part-time, casual, relief, agency or contract.

Statutory duty
A legal responsibility.

Supported employment
A work-based programme providing service users with opportunities to obtain and maintain employment with support and training.

Vocational qualifications
These are work-related, competence-based qualifications. They reflect the skills and knowledge needed to do a job effectively, and show that a candidate is competent in the area of work the qualification framework represents.

Vulnerable adult
A vulnerable adult is any person aged 18 years or over who is, or may be, unable to take care of him or herself or who is unable to protect him or herself against significant harm or exploitation. This may be because he or she has a mental health problem, a disability, a sensory impairment, is old and frail, or has some form of illness. Because of his or her vulnerability, the individual may be in receipt of a care service in his or her own home, in the community or be resident in a residential care home, nursing home or other institutional setting.

Welfare/well-being
Meeting each individual's reasonable physical, security, personal, emotional, and spiritual needs, providing support and guidance as needed, and enabling the individual's development for the future and fulfilment in the present, taking into account the individual's age, characteristics and wishes.

Whistle blowing
Disclosure by an employee of genuine concerns about crimes, illegality, negligence, miscarriages of justice, or danger to health and safety or the environment, when these have been ignored or covered up by the employer or by a fellow-employee. The Public Interest Disclosure (Northern Ireland) Order 1998 provides for the active safeguarding and protection for workers who report wrongdoings that they believe, in good faith to be true.