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MÄNNYSTRIE O
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Residential Family Centres

Minimum Standards

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Introduction

This document sets out the minimum standards which providers of Residential Family Centre services are expected to meet.

Residential Family Centres are specialist units run by qualified social workers where families are referred by Health and Social Care Trusts (HSCTs) in order to have their parenting skills assessed, developed and improved. This intensive work takes place over a period of up to 18 weeks during which the family live in the Centre. Centres provide support and guidance to enable parents to change their behaviour and become capable and confident enough to care for their children, and thus allow the family to remain together where appropriate.

In September 2010, there were two such Centres in Northern Ireland able to offer support for up to 27 families at any one time.

Centres must be registered with The Regulation and Quality Improvement Authority (RQIA), and RQIA also has a statutory duty of inspection under the Residential Family Centres (Northern Ireland) Regulations 2007 ('the regulations').

The Minimum Standards reflect the content of the regulations, and provide more specific detail where appropriate. The Standards should be read in the context of the regulations. Compliance with the regulations is mandatory, and non-compliance with some specific regulations is considered an offence. RQIA must take into account the extent to which the Minimum Standards have been met in determining whether or not a service maintains registration or has its registration cancelled, or whether to take action for breach of regulations. The Minimum Standards will be used by RQIA as the basis for their inspections. Appendix E sets out the legislative background to the Standards.

The Minimum Standards also reflect certain requirements of other legislation relevant to running a Residential Family Centre, including areas such as health and safety, recruitment of staff and protection of vulnerable children and adults.

The Minimum Standards for Residential Family Centres have been 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 Standards offer Residential Family Centres a benchmark against which to measure their service provision, and also give families reassurance that there is a robust and transparent minimum standard for the quality of care they should expect to receive.

Principles and Values Underpinning the Standards

The following principles are fundamental to all minimum care standards. The quality of any service is dependent on providers basing their practice on these principles of care.

Dignity and Respect	The uniqueness and intrinsic value of service users is acknowledged and each person is treated with dignity and respect.
Independence	Service users have as much control as possible over their lives whilst being protected against unreasonable risks.
Rights	Service users' individual and human rights are safeguarded
Equality and Diversity	Service users are treated equally and their background and culture are valued.
Choice	Service users are offered the opportunity to select independently from a range of options based on clear and accurate information
Privacy	Service users have the right to be left alone, undisturbed and free from unnecessary intrusion into his or her affairs and there is a balance between the consideration of the individual's own and others' safety.
Fulfilment	Service users are enabled to lead full and purposeful lives and realise their ability and potential.
Confidentiality	Service users know that information about them is managed appropriately and that everyone involved in the service respects confidential matters.

This document is in two parts, with each having equal emphasis.

Part 1 sets out the minimum standards for quality care in a Residential Family Centre. There are 20 Care Standards covering all aspects of living and working in the Centre. These standards are designed to promote a collaborative, multi-disciplinary approach to providing family-centred care.

The families and their representatives have a right to be fully informed and involved in decision making and this is a central principle throughout all the standards, reflecting current policy and good practice.

When managing the Centre, a quality service is achieved when there is a commitment to continuous improvement. Effective management systems need to be in place with the Registered Manager leading operations and deciding the direction of the Centre supported by a strong and valued staff team.

Staff development and learning is vital for a Centre that aims to provide a quality service in a friendly, caring and stimulating atmosphere where families feel valued, their rights are upheld and their experience there is a positive one.

Part 2 sets out the requirements for registration under 5 headings:

Statement of Purpose
Operational Policy
Fitness of the Registered Person or Organisation
Fitness of the Registered Manager
Fitness of the Premises

The appendices give further detail on requirements and additional information for providers.

Where the standards refer to a child, this does not mean a parent who is under the age of 18.

PART 1

Quality Care

Admission to the Centre

Standard 1: Admission to the Centre is planned to facilitate a smooth introduction for the family.

Criteria

1.1 There is a written policy and written procedures on referral and admission arrangements.

1.2 Prospective families are given an information pack that provides comprehensive up-to-date information about the Centre. This should be made available in a format and language suitable for intended families.

1.3 The information pack contains, in user friendly language, the following:

- Information on the organisation, its structure and the name of the Registered Person;
- The name of the Registered Manager and the general staffing arrangements of the Centre;
- Location and description of the Centre;
- A summary of the Statement of Purpose, including the philosophy of care;
- Relevant policies and procedures;
- How families can access their personal information;
- A statement on confidentiality;
- How the assessment will be undertaken;
- General terms and conditions of living in the Centre;
- Information on local shops, public transport, health services and social services locations;
- Arrangements for families' involvement in the running of the Centre;
- A copy of the complaints procedure; and
- Arrangements for inspection of the Centre and details on how to access inspection reports.

1.4 Arrangements are in place for prospective families to visit the Centre before admission.

1.5 The Registered Manager ensures that a referral form, recording all necessary information (including the assessment of the parents) is obtained from the referring agent before the family is admitted to the Centre. Documents are signed and dated on receipt. Where information is not received, records are kept of requests made.

1.6 The pre-admission assessment meeting attended by the referring agent, service provider and service user is used to develop the Placement Plan. There should be documentation setting out:

- The reason for the referral;
- The purpose of the stay;
- Any statutory involvement;
- Any assessments previously undertaken;
- A detailed background assessment; and
- A risk assessment and management strategy.

1.7 The information pack is checked at the post-admission review meeting and any necessary documents provided again.

Assessment, Placement Plan and Review

Standard 2: Families have their needs assessed and the Placement Plan outlines how the assessment of parenting skills will be undertaken and reviewed.

Criteria

2.1 At the pre-admission meeting, the particular needs of the family (including risk factors and vulnerability) are profiled in a contract.

2.2 The staff, referring agent and family will agree a Placement Plan, to include the following:

- Why the assessment is to be undertaken;
- How the assessment will be undertaken;
- The objectives and intended outcomes of the assessment;
- How identified risks are managed;
- Expectations of the family, referring agents and staff;
- Level of support provided by the referring agent;
- Contribution to be provided by staff;
- How each family member's welfare and well-being will be promoted, including consent to medical treatment;
- Access to health care, education, training or employment for each family member;
- Arrangements for contact and visitors;
- Contingency arrangements in the event that the viability of the placement is questioned; and
- Agreement on regular reviews.

2.3 Each Placement Plan is coordinated by a named or designated social work qualified member of staff, who provides the family with individual support, advice and guidance.

2.4 The Placement Plan is reviewed at least monthly with the referring agent, the nominated staff member and the family to identify progress against the stated objectives.

2.5 Within 3 days, records of the review are made available to families and the referring agent to read, comment on and sign.

2.6 Copies of the Placement Plan are given to the family and placed on the family file.

Privacy and Confidentiality

Standard 3: The privacy of families is promoted and respected. Information is dealt with in a confidential manner.

Criteria

Privacy

3.1 There is a written policy and written procedures on privacy to include:

- How observation of families is carried out in line with the Placement Plan and based on an agreed risk assessment;
- Information sharing protocol;
- The use of video assessments;
- Entry to a family's accommodation without permission in an emergency, where children are considered to be at risk or where there are issues of safety for family members, staff or other residents;
- The use of equipment such as baby monitors, video equipment or intercoms; and
- The siting of a telephone for families to use to provide maximum privacy.

Confidentiality

3.2 There is a written policy and written procedures on confidentiality, to include secure and confidential IT systems.

3.3 Families are informed of the procedure for record keeping (purpose, retention and sharing) and informed of the principles of the Data Protection Act.

3.4 Staff handle information in accordance with the Centre's policy and procedures and the Data Protection Act 1998.

3.5 Staff know when information shared with them must be passed on to their manager or others.

3.6 Families are informed of the need to share information with the referring agent and other parties agreed in the Placement Plan.

3.7 The Registered Person ensures that there is a permanent, private and secure record of history and progress for each family. This record should be accessible by the family.

Contact with Family and Friends

Standard 4: Contact with family and friends is promoted, consistent with the Placement Plan.

Criteria

4.1 There are clear rules for visitors to ensure the welfare and safety of those using the Centre. These will be part of the pre-admission contract and will include:

- Who may visit and for how long;
- Visiting hours as agreed with the family at the pre-admission meeting;
- How visitors are checked (including if they arrive under the influence of drink or drugs);
- Who may be excluded (e.g. sex offenders / abusive partners or by way of a non-molestation order); and
- How concerns about, or incidents involving, visitors are reported to the referring agent.

4.2 There is a system in place to record all visits made to the Centre. Families are given guidance on the arrangements for receiving visitors.

Living in a Safe Environment

Standard 5: Parents and children live in comfort and security within the Centre based on mutual respect and understanding.

Criteria

5.1 There is a written policy and written procedures setting out the expected standards of behaviour of families which promote a positive living environment.

5.2 There is a written procedure on action to be taken where behaviour is unacceptable. This should include:

- De-escalation;
- Dealing with aggressive or violent incidents;
- Safe access to the internet; and
- Information on zero tolerance.

5.3 In order to protect residents and their valuables, and premises and their contents, security measures are operated that restrict unauthorised access to the Centre.

Health and Development

Standard 6: Families have access to healthcare that promotes their health and development.

Criteria

6.1 Every effort should be made to maintain continuity of any health and social care services with which the family are already in contact. When the family takes up residence in the Centre, a record of current health and social care provision and needs should be completed.

6.2 Information is provided on access to local health care, to include:

- Medical and development checks;
- Mental health care;
- Family planning;
- Optical and dental care; and
- Guidance on substance misuse.

6.3 To promote health development, all identified needs for children and the family are recorded on their file and included in the Placement Plan.

6.4 A written record is kept of accidents and first aid given to family members. This should give the name, date, medication / treatment and reason for administration, and be signed by the responding staff member. This record should be monitored by the Registered Manager.

6.5 Parents are informed of their responsibilities for the health of their children. This includes obtaining advice on the safe and appropriate storage and administration of medicines from a medical practitioner, community pharmacist or other health professional.

6.6 There are arrangements in place to ensure the safe and secure storage of medicines.

Safeguarding Children and Young People

Standard 7: Arrangements are in place to safeguard children and young people.

Criteria

7.1 There is a written policy and written procedures for safeguarding children and young people consistent with Departmental and regional child protection policy and procedures. This should include safety in respect of internet and mobile technology.

7.2 Procedures for safeguarding children and young people are included in the induction and training programme for staff.

7.3 Within their probationary period of employment staff complete training on, and can demonstrate knowledge of:

- Safe working practices with children and young people;
- Indicators of abuse, including organised abuse, and signs that children may need help;
- Their role in responding to suspected, alleged or actual abuse; and
- Reporting suspected, alleged, or actual abuse.

7.4 All suspected, alleged or actual incidents of abuse are fully and promptly responded to, and reported to the relevant persons and agencies in accordance with procedure.

7.5 Written records are kept of suspected, alleged or actual incidents of abuse and include details of the investigation, the outcome and action taken within the Centre.

7.6 Where any shortcomings in the Centre's systems are highlighted as a result of an investigation, additional identified safeguards are put in place.

7.7 There is a written policy and written procedures on "whistle blowing". Staff are assured of the Registered Person's support in expressing concerns about the practices of colleagues and are aware procedures and contact points for reporting such concerns.

7.8 All staff should have their knowledge and skills updated at least annually, and opportunities offered for more advanced and specialised training in safeguarding children and young people. Such opportunities are appropriate to the staff member's role, experience and qualifications.

7.9 The Centre should have a written policy for the prevention of bullying in the Centre, which includes a procedure for dealing with an allegation of bullying (including cyber-bullying).

Complaints and Representations

Standard 8: All complaints whether written or otherwise are taken seriously and dealt with.

Criteria

8.1 There is a written policy and written procedures for dealing with complaints and representations. This should be supplied to every service user and their representative and include how children, families and staff will be supported through the complaints process.

8.2 The complaints procedure defines the investigative process with specified timescales for action. The Registered Person should inform the complainant of the outcome of the investigation and action to be taken (if any) within a maximum of 28 days of the complaint.

8.3 The complaints procedure given to service users and their representatives is compatible with Complaints in HSC: Standards and Guidelines for Resolution and Learning[1] and The Children's Order Representations and Complaints Policy and Procedure, and is available in a range of formats if required.

8.4 Staff know how to receive and deal initially with complaints and the referring agent is advised of any complaint made by a service user.

8.5 Those staff involved in the management and investigation of complaints and responding to complainants are trained and supervised in the application of the complaints procedure.

8.6 Complaints are investigated within the agreed timescales. When this is not possible complainants are kept informed of any delays and the reasons for them.

[1] Complaints in HSC Standards & Guidelines for Resolution & Learning can be accessed at http://www.dhsspsni.gov.uk/hsccomplaints.htm

8.7 Written records are kept of complaints and include all communication with complainants, the results of investigations, action taken and the level of complainants' satisfaction with the outcome.

8.8 On at least an annual basis, an audit of complaints is carried out to identify recurring issues and there are mechanisms in place to use the information gained to improve the quality of the service.

Recording Practice

Standard 9: Records are kept on each family's progress and work undertaken with them by staff.

Criteria

9.1 There is a written policy and written procedures for recording families' progress and changes to their circumstances.

9.2 There are records made by staff for each family on:

- All work undertaken as per the Placement Plan;
- All care and support provided;
- Changes in the family's needs and usual behaviour;
- Variations to the family's routine;
- Absences from the unit;
- All risks assessed in relation to the child and family; and
- Any incidents or accidents occurring.

9.3 On completion of the assessment, the Centre will provide a detailed and comprehensive summary report which can be made available for Care Conferences, Looked After Children Reviews, Court hearings, placement reviews or similar.

9.4 Written entries on the file are signed, dated and the name of the signatory clearly identified.

9.5 Service users are aware that they may read their file (except for any confidential or third party information) and are actively encouraged both to do so and to make their own contributions. Any errors are corrected and disagreements noted, discussed and resolved if possible.

9.6 The Registered Manager inspects and initials a random selection of case files at least every three months to ensure compliance with the Centre's policy and procedures.

9.7 There is a written policy and written procedures on records management, retention and destruction.

Individuals' Money and Valuables

Standard 10: An individual's right to control their own money is respected.

Criteria

10.1 There is a written policy and written procedures on the handling of individuals' money and valuables, to include:

- Arrangements made for transactions made on behalf of service users;
- Subject to the Centre's 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; and
- Reconciliation of money and possessions held by the Centre on behalf of service users (and the associated records) is carried out and evidenced on a monthly basis.

10.2 Records are kept of any receipts given for money and / or valuables handed over for safekeeping. Secure facilities are provided for safe keeping of money and valuables.

10.3 Individuals have access to their personal financial records and are aware of arrangements for the safe storage of their money and valuables.

10.4 There is a written policy and written procedures in relation to staff receiving gifts or donations from families.

Families' Views

Standard 11: Families' views are sought over all issues that are likely to affect their daily life and their future.

Criteria

11.1 There is a written policy and written procedures for seeking the views of families and young people on how the Centre is meeting its aims, objectives and Statement of Purpose and when policies, procedures and practices are being reviewed.

11.2 Action is taken following receipt of feedback, comments and concerns to make improvements to the quality of the service.

11.3 Discussions and expressed opinions (including disagreements with plans) are recorded and confirmed as accurate by those expressing them.

11.4 Families are informed about planned inspections and have an opportunity to speak with or give their views on the Centre to the inspectors.

11.5 Service user views are openly reported and made available to current and prospective families, their representatives and other interested parties.

Operational Management and Control

Standard 12: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Criteria

12.1 There is a defined management structure that identifies the lines of accountability, specifies roles and details responsibilities for areas of activity within the Centre.

12.2. The Registered Manager ensures the Centre 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.

12.3 The Registered Manager's responsibility for the overall day to day running of the Centre is defined and in accordance with legislative requirements.

12.4 Centres should adhere to the standards set out in the Northern Ireland Social Care Council (NISCC) Code of Practice for Employers of Social Care Workers[2]. There should be support for staff in meeting their relevant codes of practice and take appropriate action when staff do not meet the appropriate codes.

12.5 Any absence of the Registered Manager for more than 28 days is notified to RQIA.

12.6 Services are delivered in accordance with the Statement of Purpose, as approved by RQIA at the time of registration.

[2] NISCC Codes of Practice can be accessed at http://www.niscc.info/CodeofPractice-10.aspx

12.7 The Statement of Purpose is kept under review and should be available to all residents and their representatives on request.

12.8 Any changes to the following are only made with the approval of RQIA:

- 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.

12.9 Working practices are audited at least annually to ensure they are consistent with the Centre's documented policies and procedures, and action is taken when necessary.

12.10 The Registered Person visits and monitors the quality of services in accordance with the Centre's written procedures, and completes a monitoring report on a monthly basis. This report summarises any views ascertained from service users 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. A record is kept of these monthly visits.

12.11 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.

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

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

12.14 All accidents, incidents and communicable diseases occurring in the Centre are reported to the RQIA and other relevant organisations, in accordance with legislation and procedures. There are procedures in place for receipt and delivery of such reports. There are procedures in place for business continuity in the event of an untoward incident or emergency.

12.15 The Registered Person and the Registered Manager undertake training to ensure that they are up to date in all areas relevant to the management and provision of services

12.16 The Registered Manager provides RQIA with documentary evidence of his or her registration with the relevant regulatory body annually and on request.

12.17 The Registered Person has arrangements in place to ensure that:

- All necessary pre-employment checks are carried out;
- Criminal history disclosure information in respect of the preferred candidate, at the enhanced disclosure level is sought from AccessNI[3]; and
- All appropriate referrals necessary are made in order to safeguard vulnerable children and adults[4].

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[3] **Note** AccessNI is unable to obtain overseas criminal records or other relevant information as part of its disclosure service – only details of offences committed in the UK will be provided. A person who has recently moved to the UK may not appear on any of the records searched. Centres that intend to employ applicants from overseas will need to have **suitable complementary arrangements** in place in this regard. Further information about AccessNI can be found at http://www.accessni.gov.uk/

[4] Referrals of individuals to workforce regulatory bodies and to the Independent Safeguarding Authority (ISA) will be required. In relation to the latter, guidance on the referral criteria and process can be downloaded from http://www.isa-gov.org.uk/

12.18 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.

12.19 Insurance cover is provided for business interruption costs (including loss of earnings) as well as costs to the provider of meeting its contract liabilities. The latter must be sufficient to cover the Registered Person's legal liabilities to employee's families and third party persons to a limit commensurate with the level and extent of activities undertaken, or to the minimum required by the RQIA.

12.20 Policies and procedures are ratified by the Registered Person.

Management of Records

Standard 13: Clear documented systems are in place for the management of records in accordance with Departmental guidelines for managing records[5] and legislative requirements.

Criteria

13.1 There is 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.

13.2 Records required under the Residential Family Centres 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.

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

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

13.5 Residents have access to their records in accordance with the provisions of the Data Protection Act 1998.

[5] DHSSPS guidelines for record management are available at http://www.dhsspsni.gov.uk/dhs-goodmanagement.pdf

Recruitment of Staff

Standard 14: The policy and procedures for staff and volunteer recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.

Criteria

14.1 There is a written policy and written procedures compliant with legislative requirements that detail the recruitment process.

14.2 Before making an appointment:

- 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;
- Criminal history disclosure information, at the enhanced disclosure level, is sought from AccessNI for the preferred candidate; (**Note:** Centres that intend to employ applicants from overseas will need to have suitable complementary arrangements in place in this regard);
- Professional and vocational qualifications are confirmed;
- Registration status with relevant regulatory bodies is confirmed;
- A pre-employment health assessment is obtained;
- Current status of work permit/employment visa is confirmed; and
- Employees are aware of their responsibilities under the professional code of conduct of their regulatory bodies.

14.3 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.

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

14.5 Job descriptions are issued to staff on appointment and updated as required, and when vacancies arise.

14.6 Staff appointments are subject to a probationary period of 6 months.

Staff Training and Development

Standard 15: Staff are trained and qualified for their roles and responsibilities.

Criteria

15.1 Staff who co-ordinate assessments hold a social work qualification.

15.2 There is a written policy and written procedures for the training and development of staff. There is a policy on the use of relief or bank staff and their training and induction needs.

15.3 The training needs of individual staff are identified and arrangements in place to meet them.

15.4 Newly appointed staff (including relief and bank staff), volunteers, students, or trainees are required to complete structured orientation and induction within one month of appointment.

15.5 The Registered Manager promotes DHSSPS strategic targets for the training and attainment of qualifications (as appropriate) by care workers.

15.6 Mandatory training requirements are met.

15.7 The Registered Manager requires newly appointed staff to provide evidence of training previously undertaken.

15.8 A record is kept in the Centre of all training and professional development activities completed by staff. The record includes:

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

15.9 There is a written training and development plan that is kept under review, is updated at least annually and reflects:

- The changing needs of service users;
- Job roles;
- Individual training needs; and
- Aims and objectives of the organisation.

15.10 The Centre provides practice learning opportunities for students that are commensurate with the Centre's workforce needs, and to the standard of the relevant professional body.

15.11 Each member of staff maintains evidence of training and professional development activities completed. Opportunities to meet NISCC post registration requirements are facilitated.

15.12 The impact of training is evaluated as part of the quality improvement process and through supervision and appraisal of staff.

Staff Supervision and Appraisal

Standard 16: Staff are supervised and their performance appraised to promote the delivery of quality care and services.

Criteria

16.1 There is a written policy and written procedures that detail the arrangements for the supervision and appraisal of staff.

16.2 Managers and supervisors new to the organisation receive training in staff supervision and performance appraisal, within six months of appointment.

16.3 Staff have recorded individual, formal supervision meetings monthly. Supervision sessions are planned in advance and dedicated time set aside. The record is signed and dated by both parties and a copy of the record given to the member of staff.

16.4 Staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans. The record is signed and dated by both parties and a copy given to the member of staff.

16.5 When on duty, supervisory and senior staff provide guidance and support to all staff and report any serious and / or recurring issues to the Registered Manager of the Centre. Supervisory staff ensure that appropriate on-call systems are in place.

16.6 Staff who are contracted to provide specific services receive guidance and support that corresponds to their role and responsibilities.

16.7 All staff have a duty to report any concerns about poor practice to the Registered Manager.

16.8 Supervision and appraisal of staff is undertaken by a suitably qualified or experienced person[6].

[6] Guidance on supervision can be found in the DHSSPS Supervision Policy, Standards and Criteria Regional Policy for Northern Ireland Health and Social Care Trusts

The Staff Team

Standard 17: There are sufficient numbers of competent staff with complementary skills on duty at all times to meet the assessed needs of families.

Criteria

17.1 Risk assessment and management of cases will inform the number and the skill mix of management and care staff on duty throughout any 24-hour period to meet the assessed care, social and recreational needs of the families.

17.2 Administrative and ancillary staff are employed to support the purpose, and ensure the safe and effective running, of the Centre.

17.3 Trainees, students and volunteers working in the Centre are supernumerary and will not be taken into account in any staffing calculations. A nominated member of staff supervises trainees, students and volunteers.

17.4 An up-to-date and accurate record is kept of the full names, dates of birth, qualifications and experience of staff, trainees, students and volunteers working in the Centre.

17.5 A record is kept showing the staff who are on duty and in what capacity they were working throughout any 24-hour period.

17.6 The Registered Manager ensures that the Designated Deputy in charge of the Centre at any time is capable of holding this responsibility.

17.7 Staff meetings take place on at least a monthly basis. Records are kept to include:

- The clear purpose of the meeting;
- The date of all meetings;
- The names of those attending;
- Minutes of discussions; and
- Any actions agreed.

17.8 Residents and staff are informed about trainees', students' and volunteers' roles and responsibilities.

Premises and Grounds

Standard 18: The premises and grounds are safe, well maintained and remain suitable for their stated purpose.

Criteria

18.1 Procedures for maintaining the premises, grounds, engineering services and care equipment in line with legislation and manufacturers' and suppliers' guidance are reviewed and updated at least annually.

18.2 All structural changes or changes of use to the registered building and / or alterations to engineering services since the last inspection have been approved by RQIA and, where relevant, other statutory authorities. Any changes made to furniture and fittings in communal and residents' private accommodation meet registration requirements for the premises as set out in Section 2.

18.3 The premises, engineering services, plant and care equipment are kept safe and suitable and maintained in line with relevant legislation and the manufacturers' and installers' guidance.

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

18.5 The grounds are kept tidy and safe and suitable for, and accessible to, families.

18.6 The building is kept clean and hygienic at all times.

18.7 Furniture, fittings and any equipment or mobility aids are positioned to take into account the mobility and overall needs of the families, including those with sensory impairments.

18.8 The heating system is flexible enough to provide a range of temperatures throughout the home. The expected temperature in areas occupied or used by families, where parents cannot adjust it, is 18℃ - 22℃.

18.9 The temperatures at all hot water outlets at wash hand basins, showers and baths accessible to families are maintained in accordance with Safe Hot Water and Surface Temperature Health Guidance Note[7].

18.10 Risk analysis should be used to assess and minimise any ligature points on the premises.

[7] This can be accessed at http://www.hse.gov.uk/lau/lacs/79-5.htm

Safe and Healthy Working Practices

Standard 19: The health and safety of families, staff and members of the general public is promoted and protected.

Criteria

19.1 There is a written policy and written procedures that comply with Health and Safety legislation for providing and maintaining:

- Equipment;
- Working practices that are safe and without risk to health or well-being; and
- A safe and healthy working environment with safe access to and exit from it.

19.2 There are arrangements in place to ensure that the person in charge of the Centre at any given time has relevant information to fulfil their health and safety responsibilities.

19.3 There is a policy on smoking that complies with legislative requirements.

19.4 The Registered Person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff in the following areas:

- Protection of vulnerable adults;
- Accident prevention;
- Fire safety;
- Infection control;
- First aid;
- Food hygiene;
- COSHH;
- Maintenance and use of all equipment and machinery;
- A safe and healthy work environment and safe systems of work;

- Moving and handling;
- A safe place of work with safe access to it and exit from it;
- Personal safety at work; and
- Violence towards staff.

19.5 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)[8]. Adverse incidents are reported to NIAIC and any required action is managed appropriately.

19.6 There are arrangements in place to ensure the Registered Manager or Designated Deputy in charge of the Centre at any given time receives relevant information to fulfil their health and safety responsibilities.

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

19.8 The Registered Manager ensures all accidents, injuries, dangerous occurrences and incidents of fire, illness or communicable disease are recorded and reported in accordance with legislative requirements.

19.9 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. Notices should be used sparingly to avoid an institutional feel being given to the premises.

19.10 The Centre has arrangements in place to provide staff with access to occupational health services when necessary.

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

Fire Safety

Standard 20: Fire safety precautions are in place that reduce the risk of fire and protect families, staff and visitors in the event of fire.

Criteria

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

20.2 The physical fire safety precautions are provided and maintained and records kept, in accordance with relevant legislation, manufacturer's and installer's guidance documents, current guidance documents, and British Standards.

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

20.4 At all times, there is a designated person on duty who is responsible for fire safety in the Centre. There are arrangements in place to ensure the person in charge of the Centre at any given time has relevant information to fulfil his or her fire safety responsibilities.

20.5 All staff on duty and resident families attend a fire evacuation drill at least monthly. Action taken on problems or defects is recorded.

PART 2

Requirements for Registration

This part of the Minimum Standards sets out the requirements that must be met by a person who intends to register a Residential Family Centre.

The Statement of Purpose defines what services and facilities the Centre will provide, whilst the operational policy describes how they will be provided.

Where an individual intends to carry on a Centre, he or she must be registered and is referred to as the Registered Person. An organisation intending to carry on a Centre is required to nominate at least one person to be registered on behalf of the organisation.

The manager of the Centre must be registered and is referred to as the Registered Manager. The Registered Person may also be the Registered Manager. Those applying for registration as the Registered Person and / or the Registered Manager must meet the relevant criteria for fitness of those positions.

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

The environmental requirements for a Centre are separated into:

1. Standards required for new Centres and extensions; and
2. Standards for those that already operate as family Centres and are seeking re-registration after changing ownership.

All documents and information identified in this second part of the standards must be submitted to and approved by RQIA prior to the building, persons and organisations carrying on and managing the Centre being granted registration.

Articles12-22 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003[9] deal with registration and should be read in conjunction with this part of the document.

[9] These can be found at http://www.legislation.gov.uk/nisi/2003/431/part/III/crossheading/registration

Statement of Purpose

The Statement of Purpose should include:

General information on the Centre and its policies and provisions

1) Overall aims and Objectives.
2) Organisational structure.
3) Range of needs (categories of care) that the Centre is intended to meet and the number in each category.
4) Fees and charges.
5) Description of the underlying ethos and philosophy and where this is based on any theoretical or therapeutic model, a description of that model.
6) Description of the advice, guidance and counselling provided, including the arrangements for professional supervision.
7) Policy relating to the use of drugs and alcohol.
8) Confidentiality policy.
9) Arrangements for protecting children and parents under the age of 18 accommodated in the Centre, and rules and conditions applying to residents and the circumstances in which placements may be terminated.

Information on facilities and premises

1) Statement of the facilities and services provided.
2) Number of residents to be accommodated or provided with services.
3) Fire precautions and associated emergency procedures.
4) Number and size of rooms.

Information on the staff and people

1) Name and address of the Registered Provider and any Registered Manager.
2) Relevant qualifications and experience of the Registered Person and any Registered Manager.
3) Number, relevant qualifications and experience of the staff.

Information on what is available for residents

1) Any criteria used for admission, including the policy and procedures (if any) for emergency admission, and including the minimum and maximum ages (if any) of parents and children to be accommodated.
2) Arrangements for residents to engage in social activities, hobbies and leisure interests.
3) Arrangements made for consultation with residents about the operation of the Centre.
4) Arrangements made for residents to have the opportunity to attend religious services of their choice.
5) Arrangements made for contact between residents and their relatives, friends, representatives and the local community, where practicable.
6) Arrangements for dealing with complaints.
7) Arrangements made for dealing with reviews of the Placement Plan.
8) Arrangements made for respecting the privacy and dignity of residents.

Operational Policy

The written operational policy for the Centre includes the following information:

- The arrangements in place to ensure the fitness of persons to work at the Centre;
- The arrangements for safeguarding and promoting the health and well-being of people using the service;
- The arrangements for the management and control of the Centre;
- The arrangements for the training and development of people who work at the Centre;
- The accounting and control arrangements for the Centre;
- The arrangements for the keeping of documents and records;
- The arrangements for the notification of incidents;
- The arrangements for dealing with complaints and the steps for publicising the arrangements;
- 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 84 or an equivalent;
- Where the Registered Person does not own the building, the responsibilities of each party involved for the maintenance, safety and fire precautions for the property are clearly documented in a written agreement or contract and a copy held by the Registered Person or organisation in control; and
- Policies and procedures for the operation of the Centre, listed in Appendix A.

Fitness of the Person or Organisation

Documentary Evidence

To determine the fitness of the person or organisation to carry on a Centre, the following is required from the person or representative(s) of the organisation:

- Two satisfactory written references;
- A pre-employment health assessment;
- Criminal history disclosure information, at the enhanced disclosure level, is sought from AccessNI;
- Documentary evidence of qualifications (if any) is confirmed;
- Registration status with any relevant regulatory bodies is confirmed;
- Confirmation of identity, including birth certificate and passport (if any);
- Adequate insurance arrangements (independent sector only).

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

- Has knowledge and understanding of their legal responsibilities;
- Intends to carry on the agency in accordance with relevant legislation and professional standards; and
- Where appropriate, the Centre will adhere to the NISCC Code of Practice for Employers of Social Care Workers.

Criminal Convictions After Registration

RQIA must be informed in writing where the Registered Person is convicted of any criminal offence, whether in Northern Ireland or elsewhere. RQIA must be informed of the date and place of the conviction, the offence and the penalty imposed.

Financial Background

A person may not carry on a Residential Family Centre if:

- He/she has been adjudged bankrupt or the sequestration of his estate has been awarded (in either case) and has not been discharged, and the Bankruptcy Order has not been rescinded or annulled; or
- He/she has made a composition or arrangement with his creditors and has not been charged in respect of it.

Fitness of the Registered Manager

To determine the fitness of the person applying for registration as the manager, RQIA is assured through the registration process that the person has

1. A professional social work qualification and is registered on the appropriate part of the NISCC register, without condition;

and

2. A minimum of four years work experience[10] in health and social care services as specified below:

   (a) at least two years practice experience in any health and social care setting with one or more of the client groups supported by the Centre; **and**
   (b) at least two years relevant experience in an operational management capacity in a health and social care setting.

   The following are also required:

- Confirmation of the applicant's identity;
- 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 written explanation of any gaps in employment history;
- Criminal history disclosure information, at the enhanced level is sought from AccessNI for the preferred candidate (Note: Centres that intend to employ applicants from overseas, will need to have suitable complementary arrangements in place);
- Documentary evidence of professional qualification and any management qualification;
- Confirmation of registration status with relevant regulatory bodies;

[10] Relevant management experience may include: a management post in an health & social care team or service; service supervision; caseload management; care management; resource management; student supervision or mentoring; or project management.

- A pre-employment health assessment is obtained; and
- Confirmation of current status of work permit/employment visa.

In addition, 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 for the client categories in the area;
- Will maintain registration with the appropriate professional regulatory body; and
- Intends to manage the agency in accordance with relevant legislation and DHSSPS standards.

Fitness of the Premises

To determine the fitness of the premises the location, design and construction of the Centre and grounds must be suitable for their stated purpose and provide a comfortable and safe environment.

General - Premises and Grounds

1. The building and grounds are designed to comply with all relevant legislation and guidance documents. The relative location of services and spaces in terms of their functions are taken into account by having distinct areas for use by families and those areas used for support facilities.

2. In all new build and extensions, the Centre has planning approval and the relevant building control approvals and letters of completion in place.

3. Where the person or organisation does not own the building they evidence arrangements for sufficient control of the maintenance, safety and fire precautions for the property to meet the requirements of registration.

4. Outdoor play areas are safe, secure and well maintained. These are checked prior to use.

5. Areas occupied or used by families are accessible to people in wheelchairs, those with other mobility problems or who have sensory impairments, through the provision, where necessary, of ramps, passenger lifts, other facilities and signage.

6. All areas used by families are naturally lit and naturally ventilated with opening windows. Frosted or obscured glass is installed as required to ensure privacy.

7. Adequate artificial lighting is provided in all areas and the artificial lighting in areas used by families is domestic in character, sufficiently bright and positioned to facilitate reading and other activities.

8. Safety glazing and guarding is provided as necessary, and all window openings are controlled to a safe point of opening and comply with Health and Safety requirements.

9. In the event of an extended power or any utility services failure, the business continuity arrangements in place in existing Centres to ensure the Centre can continue to operate are approved by RQIA.

10. In all new builds and extensions, a generator is in place to power essential services in the event of an extended power failure. The arrangements are in place to ensure that the Centre can continue to operate in the event of any utility services failure, and these are approved by RQIA.

11. Floor coverings and wall finishes are suitable for the purpose of the room, and meet Health and Safety requirements.

12. In new builds and extensions, doors are fitted with appropriate master key locks with an easy opening (thumb-turn) device fitted to the inside of the door.

13. Hot surfaces, such as pipe work and radiators in areas accessed by families, are guarded or have guaranteed low temperature surfaces that comply with Safe Hot Water and Surface Temperature Health Guidance Note.

14. All required certificates and commissioning documents with regard to engineering services and plant are submitted and accepted by the RQIA prior to registration of the Centre.

<u>Families' Accommodation</u>

15. Families are provided with self contained accommodation, which includes:
    - At least one bedroom, with further space depending on the composition of the family,
    - Comfortable seating for the family's use with seating available for visitors;
    - Drawers or built-in shelving;
    - An enclosed space for hanging clothes;

- Beds, bedding, curtains and floor covering to meet Health and Safety requirements;
- Kitchen facilities;
- A bathroom;
- To assist parents to keep children safe, all family accommodation should be provided with childproof cupboard locks, electric plug socket covers, stair door guards where appropriate, a play pen and a cooker guard; and
- The facility to lock the door leading to the family's rooms.

16. Doors can be locked, but staff may open them from outside in case of emergency.

17. Families can control the heating, ventilation and lighting in their private accommodation to their choice. The expected temperature within these areas, where it is not adjusted by the family, is 18℃-22℃.

Fire Safety

18. In all new build Centres and extensions, there is evidence that the Centre complies fully with The (New Build) Fire Safety standards contained in Health Technical Memorandum 84 (HTM 84).

19. In existing Centres, there is a fire risk assessment based on HTM 84 or an equivalent.

20. A fire management plan is provided, based on the following:

- The Centre's fire safety policy;
- The Centre's fire risk assessment based on HTM 84 or equivalent;
- The Centre's fire safety procedures;
- The Centre's fire safety auditing arrangements;
- Maintenance of the Centre's fire precautions and associated documentation;
- The requirements of Fire Code; and
- The Fire Precautions (Workplace) Regulations (NI) 2001.

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

Catering Services (if provided)

22. Catering areas comply with Environmental Health requirements and reports by the Environmental Health Departments are made available to RQIA.

Communal Laundry (if provided)

23. The laundry area is suitably ventilated, where soiled articles can be separated from clean clothes and linen, and is located away from areas where food is stored, prepared, cooked or eaten.

24. The floor covering is impermeable and meets Health and Safety requirements, and wall finishes are easily cleaned.

Infection Control

25. There are supplies of liquid soap, alcohol disinfectant products and towels. There is universal hand washing equipment (wash hand basin, liquid soap dispenser, paper towels and pedal bin) prominently sited.

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

27. There is an area or store designated for cleaner's equipment and materials, with a special deep sink, space for mechanical and manual equipment and cleaning materials. This area is ventilated and kept locked when not in use.

Staff facilities

28. There are staff facilities consistent with the required number of people employed in the Centre. The range of facilities includes:

- An office;
- Sleep-in room and lockers;
- Toilet and washing facilities (including a shower); and
- A small kitchen.

APPENDIX A: Policies and Procedures

The following policies and procedures are associated with the minimum standards and are required to be in place in Residential Family Centres.

Absence of residents
Access to records;
Accidents – preventing, reporting, recording, notification;
Accounting and financial control arrangements;
Admission;
Alcohol in the Centre;
Assessment, care planning and review;
Assessment of risks in the Residential Family Centre;
Bullying, including internet or "cyber" bullying;
Co-sleeping & SIDS;
Complaints;
Confidentiality;
Consent;
COSHH;
Dealing with death and dying;
Disposal of clinical waste;
Drugs;
Emergency admission;
Equality issues;
Fire precautions and safety;
First aid;
General communication arrangements;
Gifts to staff and donations to the Centre;
Infection prevention and control;
Inspections of the Centre;
Insurance arrangements;
Internet security;
Introduction to the Centre;
Involvement of service users in the running of the Centre;
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, including retention periods and destruction;
Management of risks associated with care of individual Centre users;
Menu planning;
Missing items;
Mobile phones;
Moving and handling;
Occupational health arrangements;
Operational Policy;

Personnel issues - including staff disciplinary matters and grievances, recruitment procedures, arrangements for staff supervision and appraisal, staff records and meetings and induction, training and development issues;
Planning and reviewing programmes and activities;
Privacy;
Procedures that comply with Health and Safety Legislation;
Promotion of service users' health and well-being;
Protection of Vulnerable Adults;
Recording and reporting care practices;
Referral arrangements;
Reporting adverse incidents;
Safe and healthy working practices;
Safe handling of food;
Safeguarding children and young people;
Safeguarding and protecting service users' money and valuables;
Security of the Centre;
Service user agreement;
Service users' health care arrangements;
Service user's involvement in activities and events;
Service user guide;
Service users' meetings and forums;
Service users' personal relationships;
Smoking;
Staffing arrangements;
Transport for service users – provision and use;
Unauthorised absence of residents;
Untoward incidents;
Use of agency, relief or bank staff;
Views of families' and young people on how the Centre is run;
Visitors;
Volunteers;
Whistleblowing.

Appendix B: 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.

Additional Needs
The term 'additional needs' usually refers to an individual whose needs that are 'additional to' or 'different' from those of their peers.

Agency Staff
Staff contracted from a regulated agency for work in a residential family Centre.

Agreement
A written agreement between the service user and the service provider, setting out the terms and conditions and rights and responsibilities of both parties in order to meet the service user's needs.

Assessment
Collection and analysis of information to determine an individual or family's need for health, personal and social care. Undertaken with the individual or family and relevant professionals.

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

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

Care Standards
Minimum Care Standards are specific service standards. They cover a range of services provided by public, private and voluntary organisations, such as nursing homes, residential homes, independent clinics etc. Minimum Care Standards provide detail and expand on the associated regulations.

The Centre
The Residential Family Centre is a Centre where parents undergo a full assessment of their ability (over a period of time) to care safely for their children (or new born baby). This is usually arranged by the trusts, sometimes at the direction of the Court.

Designated Deputy
Named member(s) of staff who acts in the role of manager in the absence of the Registered Manager.

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 Residential Family Centre. This should include an overall definition of their role and the person to whom they are accountable.

Keyworker
The member of staff in the Centre responsible for coordinating the resident's plan, monitoring its progress and staying in regular contact with the service user and everyone involved.

Mandatory Training
Training required by legislation.

Parent
Any person with parental responsibility for a child, or where relevant, any person who shares parental responsibility with the child's parent or where a Care or Residence Order is in place.

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.

Placement Plan
The agreement between the referring agent, the Centre and the family for a family to be assessed in a particular Residential Family Centre. This should detail the anticipated duration and purpose of the placement.

Policy
An operational statement of intent which helps staff make sound decisions and take actions which are legal, consistent with the aims of the Residential Family Centre and in the best interests of the families.

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 the 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.

Referring Agent
The statutory body responsible for referring the service user to a Centre.

Regional Child Protection Committee
A multi-agency group set up to determine the policies and procedures to be followed concerning child protection in a Health and Social Services Board area.

Registered Person
A person deemed qualified to care for adults and children and whose name appears on the certificate of registration. The Registered Person has overall responsibility for ensuring that the requirements of the national 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 setting. The Registered Manager must have appropriate qualifications and experience.

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

Service User
A person in receipt of services, who can also be referred to as client, attendee, member, etc.

Staff
Person working in the residential family Centre, whether paid or voluntary, full-time or part-time, casual, agency or contract.

Statement of Purpose
A document outlining the purpose of the Centre.

Statutory Duty
A legal responsibility.

Statutory Body
A body established, regulated or imposed by or in conformity with laws or statutes passed by a legislative body, e.g. Parliament. It typically has no shareholders and its powers are defined by the Act of Parliament which creates it, and may be modified by later legislation.

Welfare/wellbeing
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.

Whistleblowing
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.

Appendix C: Records to be kept in Residential Family Centres in Respect of Each Service User

Assessment and Care/Placement plan

1) Assessment of the service user's needs, undertaken by a suitably qualified or trained person.
2) Service user's Care Plan, prepared in consultation with them.

Photograph

3) A recent photograph

General information and contact details

4) Name, address, date of birth, any name under which they were previously known, religious persuasion (if any), description of religious origin, cultural and linguistic background and marital status.
5) The name, address and telephone number of any school, college or place of work attended by any member of the family.
6) The name, address and telephone number of next of kin, any other person with parental responsibility or any person entitled to act on his or her behalf.
7) The name, address and telephone number of GP and any officer of an HSC Trust whose duty it is to supervise the welfare of the service user.
8) Name, address and telephone number of any social worker assigned to any member of the family.

Admittance Details

9) The date on which attendance at the Centre commenced.
10) The name and address of any HSC Trust or other body which arranged the attendance at the Centre.

Contact and Care Orders

11) The terms of any Court Order to which they are subject.
12) In the case of a child who is subject to a Care Order, the name, address and telephone number of the HSC Trust which is the designated authority in respect of the Care Order for the purposes of article 50 (1) of the Children Order; and the officer of the authority for the child's case.

Contact

13) Arrangements (including any restrictions) for contact between any child accommodated in the Centre and any other relevant person and details of any Court Orders relating to contact.

Absences

14) Details of any period of absence from the Centre by any member of the family. In the case of a child, to record whether the absence was authorised by the Registered Person.

Money and Valuables

15) A record of any money or valuables deposited by any member of the family for safekeeping. To include the date(s) on which such money was withdrawn or any valuables returned.

Health and well being

16) A record of all medicines brought into the Centre and the dates on which they were administered.
17) Any special dietary, dental or other health needs, including allergies, for any member of the family.
18) A record of any accident detrimental to the health or well being of the service user. To include the nature, date, time, place of the incident, any medical treatment administered and the name of the persons who were respectively in charge of the Centre and monitoring the service user (if applicable).
19) Details of any specialist communication needs and methods of communication that may be appropriate.
20) Details of any healthcare plan in respect of medication, specialist health or social care or nutrition.

Correspondence

21) A copy of all non-personal correspondence relating to each service user.

Discharge from the Centre

22) The address and type of establishment or accommodation to which the family goes on leaving the Centre.

Death of Service User

23) If the service user dies in the Centre, the date, time and cause of death.

Appendix D: Other Records to be kept in a Residential Family Centre

General Records

1) Copy of the Statement of Purpose.
2) Copy of the Residents' Guide.
3) Copies of all inspection records.
4) Copies of any reports made to RQIA in relation to the conduct of the Centre or in respect of any notifiable event.
5) Record of all money or other valuables deposited by a resident for safekeeping or received on a resident's behalf. To include:

    - The date such money or valuables were received;
    - The date they were returned or used (at the request of the resident) on their behalf;
    - The purpose for which they were used; and
    - Written acknowledgement of the return of the money or valuables.

6) Record of all furniture and personal possessions brought by the resident into the room(s) occupied by them.
7) Record of the programme of events and activities, to include the name of the person leading the activity and the names of those who participated.
8) Record of all visitors into the Centre, including their names.
9) Record of all complaints made by residents or their representatives or staff about the operation of the Centre and the action taken.
10) Record of the food provided for residents, in sufficient detail to enable any persons inspecting the records to determine whether the diet is satisfactory (in relation to nutrition and otherwise) and of any special diets prepared for individual residents.

Finance

11) Record of all accounts relating to the Centre.
12) Record of all the Centre's charges and fees to residents, including any separate amounts payable for additional services not covered by those charges and the amounts paid by or in respect of each resident.
13) Record of residents' financial arrangements handled by the Centre, including record of persons acting as an appointee or agent of a resident.

Staff

14) A record of all persons employed at the Centre, to include:

- Full name, address, date of birth, qualifications and experience, confirmation of registration status with professional regulatory body (if applicable);
- Copy of their birth certificate and passport (if any);
- Copy of each reference attained;
- Dates on which employment commenced and ceased;
- Position held, work performed, number of hours for which they are employed each week;
- Correspondence, reports, records of disciplinary action and other records in relation to the employment and the recruitment process under which they were appointed; and
- Training and development activities undertaken.

15) Copy of the duty roster of persons working at the Centre and a record of whether the roster was actually worked.
16) Record of all staff meetings and the names of those attending.

Health and Safety

17) Record of any of the following events that occur in the Centre:

- Accident;
- Incident which is detrimental to the care, health, safety or welfare of a resident, including the outbreak of any infectious disease;
- Any injury or serious illness;
- Any fire;
- Any occasion on which the fire equipment is operated; and
- Any theft or burglary.

18) Record of every fire practice, drill or test of fire equipment (including fire alarm equipment) conducted in the Centre, including staff attending and any action taken to remedy defects.
19) Statement of the procedure to be followed in the event of a fire or where a fire alarm is activated.
20) Statement of the procedure to be followed in the event of accidents or a resident becoming missing.

Appendix E: Legislative Background

The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003[11] established a new independent body, the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority (the Regulation and Improvement Authority) (RQIA)[12] with overall responsibility for monitoring and regulating the quality of health and care services delivered in Northern Ireland in both the statutory and independent sectors.

The Order introduced a statutory duty of quality to be placed on the Health and Social Care Board (HSC Board), Health and Social Care Trusts (HSC Trusts) and some special agencies with regard to the services they provide. RQIA has powers to review and inspect the quality of a wide range of care services and evaluate the clinical and social care governance arrangements within the Trusts and independent sector. Some of these services have previously been unregulated, including fostering, adoption and services provided to children under the age of 12 years.

In addition, the Order transfers responsibility from the HSC Board to RQIA for the inspection of care in schools that provide accommodation for children and reconstitutes the main appeals' tribunal used by this and other legislation.

Article 38 confers powers on the Department of Health, Social Services and Public Safety (DHSSPS) to prepare and publish minimum standards for the regulation of the establishments and agencies listed on the Order. DHSSPS also has powers to specify other agencies, establishments and listed services to be regulated.

These standards should be read in the context of The Residential Family Centres Regulations (Northern Ireland) 2007[13] which set out the statutory standards to be adhered to in Residential Family Centres.

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

[12] The Northern Ireland Health and Personal Social Services Regulation and Improvement Authority was formally renamed the Regulation and Quality Improvement Authority in the Health and Social Care (Reform) Act (Northern Ireland) 2009

[13] The Regulations can be accessed at http://www.legislation.gov.uk/nisr/2007/236/contents/made