Offender Accommodation Care Services

Minimum Standards

Registration & Inspection Unit

October 2013
Review date October 2015

Department of Health and Social Care
Rhyenn Slaynt as Kiarail y Theay
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Introduction

The Regulation of Care Act 2013 (RCA) has distinguished Criminal Justice supported accommodation as a specific category of care service and these standards have been produced in accordance with the Act and supporting Regulations. Although standards in themselves are not enforceable the RCA provides that they can be taken into account when making regulatory decisions.

Criminal Justice supported accommodation is a service that is provided for people who are associated with the Isle of Man Criminal Justice System and are assessed as unable, at this time, to live independently in the community.

People normally use criminal justice accommodation as a condition of an order or licence. A social worker/probation officer may also decide that a person in their care (under statutory supervision) would benefit from the extra support and supervision which these services offer, if this would help the overall objectives of the order, licence or other statutory package of supervision and support. Advocates can also make a referral and it is also possible to make a 'self referral'.

The support or supervision aspects of this provision allow people to take part in community-based programmes. It also aims to reduce the likelihood and scale of re-offending by helping to promote the stability which often comes from additional staff support, and links to family and communities.

Services, for people accessing criminal justice accommodation, are not merely focused on the needs of the individual but also on building safe communities. The distinguishing feature of residential services to people in criminal justice supported accommodation is the arrangement of accommodation as part of a package of support, supervision and/or surveillance, according to individual needs. The service helps to achieve the overall aims of the statutory order or licence and assists in the rehabilitation of the person back into the community. It helps individuals to examine issues that are affecting them and their behaviours and how they can begin to address these issues and change their behaviours with the aim of either lowering or preventing the risk of the person committing further offences.

Individuals being accommodated within this system, although subject to rules and regimes, have a right to be treated with care, respect and dignity. They have a right to privacy and to exercise as full a range of choices as can be made available to them.

A focus on the Human Rights Act 2000; Articles 8,9,10,11 supports the Standards to contribute to the following principles:

Dignity

- To be treated with dignity and respect at all times
- To enjoy a full range of social relationships
Privacy
- To have privacy and property respected and to be free from unnecessary intrusion.

Choice
- To make informed choices, while recognising the rights of other people to do the same
- To know about the range of choices.

Safety
- To feel safe and secure in all aspects of life; to enjoy safety, but not be over protected
- To be free from exploitation and abuse.

Realising Potential
- To have the opportunity to achieve, to make full use of the resources that are available and to make the most of life.

Equality and Diversity
- To live an independent life, rich in purpose, meaning and personal fulfilment
- To be valued for ethnic background, language, culture and faith

Pre-admission

People are given comprehensive information about the service that will be delivered. Any period of stay should be discussed beforehand with the person and relate fully to a proposed supervision or support plan.

Standard 1

1.1 People receive information on the service and have it explained to them in plain English or a language or format that the individual can easily understand. The information includes:
- admission processes and conditions;
- the aims, objectives and purpose of the service;
- any charges liable;
- clear conditions for access to or exclusion from the service; and
- rights and responsibilities as a service user.

1.2 Admission to the service is part of an overall supervision, pre-release or support plan based on an assessment on needs and any risks. The person contributes to this in discussion with their supervising officer.

1.3 Where possible, prospective service users will visit the service in advance, with their supervising social worker or other advocate. Where this is not possible, there will be a policy of pre-release visits by the service provider to prison establishments for long-term prisoners.
**Arrival**

**People will be assisted to understand their rights and responsibilities and all policies and procedures operating within the service during a process of welcome and introduction.**

**Standard 2**

2.1 People are assisted to understand information on the purpose and function of the service, any decisions made about them personally and their rights and responsibilities as a user of the service.

2.2 Where possible and practicable service recipients should receive written information about the service prior to admission but in any event must, within 48 hours of admission receive written information, in a language or format that can be easily understood, that includes:

- confidentiality and sharing of information;
- rights and responsibilities;
- curfew or restrictions on liberty;
- any programme of activity;
- any specific conditions of order or licence;
- information on how to access the current DHSC inspection report for the service;
- the service’s drug and alcohol policy, and how to access services for advice and support on these issues;
- the service’s complaints system and how to make a complaint without recourse to staff and without fear of victimisation;
- information on the service’s anti-bullying policy and how to access the full policy;
- availability of local services;
- specified individual rights to occupy a specific living area;
- information on the service’s policy on the use of physical interventions and how to access the full policy and
- any circumstances in which a person will be required to leave the service.

2.3 People are welcomed to the service and staff help the person understand how to make best use of it and take part in the wider community.

2.4 People are introduced (normally within 48 hours of arrival) to a key worker allocated to take particular responsibility for them, and have his or her role explained. People are able to approach their key worker if they have questions or concerns and can ask to change their key worker at any time. In the absence of their key worker, the person has access to another member of staff.
2.5 People using the service are safe from bullying or victimisation and know that bullying and abusive behaviours are not tolerated.

2.6 People are asked who should be contacted in the event of a serious illness or accident and this information is recorded and accessible to the staff team.

2.7 People using the service have an individual supervision plan which is up to date and includes an assessment of their health needs.

**Privacy**

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<th>Individual rights to privacy and personal space will be fully respected.</th>
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**Standard 3**

3.1 People are advised on any planned formal visits to the service and unless there are legal reasons not to do so will be given the choice of whether such visitors access their private space.

3.2 Staff knock and wait for permission to enter a person's living area, except when there is an assessed risk to the person or others.

3.3 People using the service understand clearly if the service has a policy about the management and opening of mail, where the mail is opened but not read. Staff explain this clearly from the start, and they regularly repeat it. The arrangements will include a secure facility for receiving personal mail and access to a mail collection point.

3.4 People using the service can entertain family, friends and visitors in private (in line with a visitors' policy, where applicable). Where the layout of the building prevents this the service makes adequate and safe arrangements for service recipients to meet with family and friends outside of the premises. If young children come to visit they will have somewhere safe to play and be looked after.

3.5 Staff respect confidentiality. Any necessary disclosures to third parties of confidential information relating to the person are discussed with them and consent sought, where possible. Where consent to disclosure is required by law, it will be sought and no disclosure made without it.

3.6 People have access to their records in accordance with appropriate legislation, other than where there is information from a third party which has been disclosed on a confidential basis or where there is concern for the safety of a third person.

3.7 People using the service can choose to spend time in a communal environment or in privacy and quiet.

3.8 People using the service are treated with respect and dignity by the service at all times.
Health and wellbeing

People will be provided with a healthy environment in which to live, encouraged to pursue a healthy lifestyle and assisted in accessing appropriate healthcare and other services.

Standard 4

4.1 People receive information on their rights and how to register with a GP, together with a list of GP services in the area. This information includes an explanation of a person’s legal rights for accessing their GP medical record.

4.2 People receive information on a healthy lifestyle, or have explained to them how to access the information; they receive encouragement and support to follow this healthy lifestyle, including opportunities to be involved in regular exercise and having access to smoke-free areas.

4.3 Staff are qualified, trained and experienced to meet individual healthcare needs and are able to assist people to exercise their rights and responsibilities.

4.4 The service provides a comfortable and homely environment which is, as far as possible, free from disturbing noise levels. The accommodation is appropriately maintained and decorated.

4.5 Staff are encouraging and supportive in their approach to people using the service and will assist them to lead a healthy lifestyle.

4.6 Staff will not generally discuss or share anything they know about the persons health problems with people outside of the staff team unless not to do so will place the person’s health & Welfare at risk. If there is a need to share such information, this will be with the persons consent, wherever possible.

4.7 People are able to have consultations with healthcare personnel in private that are not overheard and are without unwanted intrusion.

4.8 People can undertake personal, intimate and health-related activities in private.

4.9 People are treated with sensitivity from staff about health-related issues.

4.10 Where meals are provided, there are menus to choose from that reflect a balanced, nutritional diet, and any special dietary needs that individuals have will be met. The menus reflect peoples’ choices and preferences, including ethnic, cultural and faith or religious ones.

4.11 Staff support and advise people about personal hygiene, if necessary.

4.12 People are assisted to keep and develop appropriate contact with family and friends and to receive visits.

4.13 People are enabled to discuss any concerns about the quality of care with staff and they know that concerns will be treated seriously.
4.14 Where medication is taken regularly, help with this will be provided or if the service cannot provide that help, then alternative appropriate arrangements are made.

4.15 If people are legally required to take or to be given medication as directed and the person does not comply staff must report this to the relevant authorities. Staff will work in line with legal powers that allow other people to give permission to receive treatment if it is necessary for a person's health and welfare.

4.16 If children are staying with a person using the service, their needs will be considered separately and the service will help the person to access health, education and social services as necessary. There will be a separate care plan for each child and facilities suitable for his or her age.

**Safety and security**

| People will receive the service in a safe and secure environment. |

**Standard 5**

5.1 People receive the service in an environment which:
- is safe and secure;
- matches assessed needs and risks; and
- meets all health and safety requirements.

5.2 People know what to do in the event of fire, identification of a hazard to safety in the premises, or other emergency.

5.3 The service makes on-going risk assessments on all residents.

5.4 People are taught the boundaries of acceptable behaviour in and outside the premises and the service provides sensitive and competent management of individuals with challenging behaviour to themselves and/or others.

5.5 Robust staff recruitment policies are in place and checks are made on staff and volunteers through the Disclosure and Barring Service (DBS).

5.6 There is a written record giving precise details of any necessary instances of physical interventions.

5.7 The service has an accessible and credible procedure for recording, reporting and investigating serious incidents.

5.8 People have a key to their room and have secure storage for personal belongings.

5.9 People are advised on the best way to maintain the security of personal belongings.

5.10 Staff will deal appropriately with visitors to the premises who may pose a risk to the residents or staff.

5.11 People will only take part in potentially hazardous pursuits arranged by the service after risks have been assessed.
5.12 The service has robust policies and procedures in place to prevent injury and serious damage to property.

5.13 The service has robust policies and procedures on safeguarding people from harm or exploitation and has readily available a copy of the DHSC adult safeguarding policy and procedures.

5.14 Deprivation of Liberty should not be automatically assumed and there must be robust policies in place to ensure that this is considered individually for each person accommodated; in line with their specific placement requirements.

5.15 Any persons accommodated who are deemed to lack capacity, in any area of their life, must have decisions made in line with DHSC guidance on Capacity.

**Participation and choice**

**Participation and choice will be promoted in order to maximise potential for social inclusion and personal development.**

**Standard 6**

6.1 Information is provided and staff support and encourage people to take part in education and vocational and life skills training, occupation or employment interests.

6.2 People are able to choose how they organise their personal living space.

6.3 There is information on and access to independent advice and advocacy.

6.4 People are assisted to exercise their civil rights and choices.

6.5 There is access to skilled staff to help people change the specific behaviours which have resulted in the service being required.

6.6 People are provided with the opportunity to establish or maintain meaningful interpersonal relationships.

6.7 There are facilities where light refreshments can be prepared or requested by individuals and visitors.

6.8 People can choose and be enabled to maintain control of their own affairs (financial, legal and medical). Arrangements are in place to support people in exercising positive choices. If young people under 18 years of age are accommodated, they have access to services specific to children and are able to obtain advice on their rights.

6.9 There are smoke free areas and rooms available for those who choose to live in a smoke free environment.

6.10 People are free to come and go from the premises except when this may be against the rules, against the specific conditions of their order or licence, or contrary to public safety. Any specific condition of a person's order or licence is either contained in their statement of rights and responsibilities or accompanies their statement, making it an integral document.
6.11 People are assisted to maximise personal income, with the uptake of benefits, training allowances and employment opportunities.

**Lifestyle – social, cultural and religious belief or faith**

| People’s social, cultural and religious belief or faith will be respected and they are enabled to live their life in keeping with these beliefs. |

**Standard 7**

7.1 Staff seek information from all available sources about the implications for the person and for others of the person’s social, cultural and religious belief or faith.

7.2 Holy days and festivals are recognised and ways found to make sure these can be observed

**Management, Staffing, Quality and Improvement**

| There are systems in place that support the service and the smooth running of the home. The registered manager is qualified and competent to manage the service. Staff are competent in their role. People are consulted about how the service is run and their opinions are taken into account. The service has an annual development plan that makes provision for the service to develop and improve. |

**Standard 8**

8.1 The registered manager has a relevant professional/care qualification, is experienced in the service they are managing and is qualified to a:

- QCF level 5 Diploma in Leadership for Health and Social Care and Children and Young People Services or equivalent.

There are clear lines of accountability within the team. People forming part of the management team and deputising for the registered manager have relevant professional/care qualifications, have relevant experience and are appropriately qualified to a:

- QCF level 3 Diploma in Health and Social Care and Children and Young Peoples Services.

Shift Leaders are qualified or enrolled upon the QCF level 3 Diploma in Health and Social Care and Children and Young Peoples’ services and have relevant experience.

With regard to the above qualifications all existing staff should have commenced the appropriate award within 4 years of the inception of these standards. Managers new to registration will be given a time frame that is appropriate to the date of their registration. From 1st April 2019 managers will not be registered unless they have gained the QCF level 5 in Leadership for Health and Social Care and Children and Young people Services, or equivalent.
8.2 A minimum of 50% of staff working directly with service recipients are qualified to QCF level 2/3 in Diploma in Health and Social Care and Children and Young people or equivalent, according to job role and, in this regard, the skills for care outcomes are to be followed and the manager of the service will ensure that the correct level of the qualification is applied.

8.3 Other staff working at the service have qualifications and training appropriate to their role.

8.4 Basic qualifications are supplemented by service specific training.

8.5 The registered person makes available to staff a comprehensive policy and procedure file. The policy documents cover all aspects of work including practical task, administrative tasks and legal/ethical responsibilities such as Health and Safety (legal), promoting dignity (ethical). The documents underpin all staff practice and provide a framework from which service is delivered. The registered manager sets in place systems to ensure the staff team are familiar with and comply with the policy documents whilst at work. People living at the home can ask for copies of the policy and procedure documents (see app).

8.6 The registered person makes provision for people living at the home to have their voice heard. House meetings are regularly facilitated and a positive environment is created to encourage participation. Meals and menu reviews form part of this meeting.

8.7 People living at the home and those visiting the home, including healthcare professionals, are provided with opportunities, and where appropriate, canvassed for their views on how the home is run, for example a suggestion box or written questionnaire is provided.

8.8 Formal quality assessment systems are set in place and the registered person uses a range of tools to measure the quality of the service provided, including numbers and types of complaint/ comments, accident reports, observations and other evidential information. An annual report lists the success of the service and introduces a written development/improvement plan based on the outcomes of the quality assessment exercise. The plan is made available to all those who use the service and is regularly discussed with staff.

8.9 The registered person has in place systems to check and monitor staff activity to ensure compliance with employment and the homes requirements.

8.10 Paperwork, records and documents are maintained in good order and are kept up to date.

8.11 A written policy is displayed in the home informing people of their rights to access their files and records at any time. Where access is restricted this is explained to the individual.

8.12 The registered person ensures confidentiality of personal information and complies with the principles outlined within the Data Protection Act 2002.

8.13 Where the registered manager and the registered person are not the same person, bi annual visits are made to the home by a person not working at the home. This visit is part of the quality assessment and the visitor carries out an assessment in relation to the premises, staffing levels and skills, customer/resident satisfaction and record making. Where the registered
person and the manager are the same person the manager carries out their own assessment. Written reports are produced following the assessments.

8.14 The registered person makes provision for people to have their small personal belongings (i.e. jewellery) stored safely.

8.15 Where people are supported with their finances a robust written policy confirming good and proper practice is followed and recorded by the registered person. Where required, people are provided with help and support access benefits or establish entitlement to benefits.

Review and moving on arrangements

| People are encouraged and supported to take part in regular reviews which will consider arrangements for moving on and which monitor progress made in respect of action plans. |

Standard 9

9.1 People are supported to take part in regular reviews of their use of the service (at least every three months) with their key worker, supervising probation officer and other people, in tandem with any formal review of the order or licence. People are enabled to take an active part, exercising choices, influencing what happens afterwards and commenting on their experience of the service. If people are also subject to formal reviews, every effort will be made to combine the two processes.

9.2 Each review of a person’s use of the service will consider the progress of the action plan and deal with move-on issues (including any continuing need for support).

9.3 Reviews should encourage people to take part in constructive opportunities and activities in the wider community.

9.4 There are plans for move-on accommodation developed early on in the process. The plans are addressed in all reviews, in line with any statutory requirements which inform future moves.

9.5 People are provided with opportunities to:

- be involved in preparing reports for meetings, including reviews;
- take part in making decisions; and
- have all decisions explained.

9.6 People are able to take an independent representative to support them at reviews.
ANNEX 1

Useful reference material

There is limited research into supported accommodation for offenders and ex-prisoners. Evaluations from other jurisdictions, particularly those with a more direct correctional focus, consider forms of provision which are not readily comparable with the service provided on the Isle of Man. The following are some of the written sources that have helped to develop these standards:


ANNEX 2

HUMAN RIGHTS ACT 2000 and the European Convention on Human Rights

**Article 3**
No one shall be subjected to torture or inhuman or degrading treatment or punishment.

**Article 8**
1. Everyone has the right to respect for his private and family life, his home and correspondence.

2. There shall be no interference by a public authority with the exercise of this right except such as in accordance with the law and is necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.

**Article 9**
1. Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his religion or belief, and freedom, either alone or in a community with others and in public or private, to manifest his religion or belief, in worship, teaching, practice and observance.

2. Freedom to manifest one’s religion or beliefs shall be subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the protection of public order, health or morals, or for the protection of the rights and freedoms of others.
Article 10
1 Everyone has the right to freedom of expression.

2 ‘The exercise of these freedoms, since it carries with it duties and responsibilities, may be subject to such formalities, conditions, restrictions or penalties as are prescribed by law and are necessary in a democratic society in the interests of public safety, for the prevention of disorder or crime, for the protection of the health or morals or for the protection of the rights and freedoms of others...’

Article 11
1 Everyone has the right to peaceful assembly and to freedom of association with others ...

2 ‘No restrictions shall be placed on the exercise of these rights other than such as are prescribed by law and are necessary in a democratic society in the interests of national security or public safety, for the prevention of disorder or crime, for the protection of health or morals or for the protection of the rights and freedoms of others...’

ANNEX 3

Policy and Procedure Documents to be included

- Admissions and Moving On
- Approaches to Care/Support – dignity, choice, independence, rights, and autonomy.
- Supervision/Support Planning and reviews.
- Recruitment and selection, including Equal Opportunities
- Induction and Training – including supervision.
- Health and Safety – personal and environmental.
- Safeguarding, including whistle blowing.
- Safe administration of medicines
- Confidentiality and data protection.
- Hygiene, Cross Infection and Infection control.
- COSHH.
- Incidents, Accidents (including RIDDOR) and Missing Persons.
- Quality Assurance.
- Nutrition.
- Fire safety.
- Smoking and the use of alcohol and substances by visitors, staff and people living at the home.
- Risk assessment and management.
- Staff Disciplinary and Grievance Procedures.
- Physical Intervention and restraint.
- Bullying and harassment – behaviour management.
• Policy on receiving gifts or loans – staff.
• Managing peoples finances.
• Use of mobile phones and camera phones at work.
• Retention of records.
• Complaints procedure.
• Access to independent advocacy.

ANNEX 4

Glossary

Support/Supervision Plan, also known as: Care Plan; Plan of Care; Support Plan etc, is the document that contains an individual personal details and instructs the reader of the plan about how to deliver services that are tailored to that individual needs.

Physical Intervention: used by staff to manage, restrain or stop people from harming themselves or others.

Deprivation of Liberty: complex issues around where people for their own safety are denied access to move around freely or at liberty.

Capacity and best interest decisions: where people are deemed, because of their medical condition, as unable to make a positive decision for themselves. Following a written assessment, and after consultation with appropriate people, a supporter may make a best interest decision based on the best outcome for the individual deemed not to have capacity.

Registered person/provider/manager: persons in charge or owning care services. People who have met specific criteria and met standards that deem them ‘fit’ to own and or run a care service.

Risk Assessments: Written documents that form part of the home’s safety strategies. They can be personal, environmental or generic. Risks are identified and plans set in place to minimise those risks.

Safeguarding: Sometimes called Adult Protection makes provision for and lays obligations and responsibilities on the registered persons and the staff at the home to keep people safe and follow agreed procedures where abuse is suspected or alleged.

Disclosure and Barring: A scheme that replaces Police checks and supplies checks on people working in the Health and Social Care sector.

Annual development plan: A report produced by the registered person that analyses the quality of the services provided and makes plans to remedy any shortfalls and improve existing services.