Offender Accommodation Care Services

Minimum Standards

Registration & Inspection Unit

September 2018

Department of Health and Social Care

Rhyenn Slaynt as Kiarail y Theay
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Glossary

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

The Regulation of Care Act 2013 (ROCA) 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 ROCA 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. Referrals can come from other sources including self-referral. The provider’s Statement of Purpose must determine their referral criteria.

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 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.
Standard 1 Information, Assessment and Admission

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<th>OUTCOME</th>
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<tr>
<td>People are confident that the accommodation’s information reflects the service’s practice and that written information is accurate and current. The registered provider is able to clearly establish that the accommodation’s facilities and staff can meet the individual’s specific needs and requirements. The admission process is planned and people are clear on the terms and conditions surrounding their residency.</td>
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1.1 The Registered person must produce a statement of purpose which covers all the areas within Schedule 3, part 2, section 6 of the Regulation of Care Act (Registration) Regulations 2013. The information on the service must be up to date and set out the aims, objectives, philosophy and the parameters of the service provided including terms and conditions.

1.2 The registered person must ensure that the statement of purpose is dated, reviewed and updated as necessary.

1.3 The registered person must carry out a comprehensive and thorough assessment with the person being accommodated prior to admission. Information from other parties, where available, must form part of the assessment and be in line with General Data Protection Regulations.

1.4 Part of the assessment must include a compatibility assessment that explores and considers the impact the admission will have on the accommodation and the residents accommodated there.

1.5 During the admission process the individual must be provided with a contract/written agreement which includes the following:

- terms and conditions of residency
- details of notice served, support provided and timeframes
- details of services provided.

Standard 2 Individual Plan

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<th>OUTCOME</th>
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<td>Each individual will have a plan which clearly defines the support they will receive whilst a resident within the Offender Accommodation</td>
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2.1 The registered person must ensure every individual accommodated has a plan which has been drawn up from the comprehensive assessment prior to admission.

The plan must include the support required to meet the identified needs of the individual and be agreed with the individual. In emergency admissions, the plan must be drawn up within 48 hours.
2.2 Part of the plan must concern itself with the person’s known medical condition/s and document and instruct the reader of the plan about how to support/maintain/improve the persons medical condition/s where applicable.

2.3 The plan must include how individuals will be supported to have access to health professionals when required.

2.4 Social, cultural and emotional well-being must be factored into the plan. The plan sets out personal goals and aims and details the support required to meet those personal aims.

2.5 The plan must identify any behaviour that may challenge the service and how these will be managed. The provider shall ensure that staff have an understanding of each individual’s emotional and physical needs and be aware of any warning signs and ‘trigger’ points which result in particular behaviours.

2.6 Detailed records must be kept that show when any risk management techniques have been implemented and the circumstances which triggered these.

2.7 The plan must be reviewed whenever there is a significant change that impacts on the risk of re-offending and/or serious harm posed by the individual or where the individual has made significant progress. The review must include the individual and all other appropriate parties.

### Standard 3 Environment

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

3.1 People receive the service in an environment which:

- is safe and secure
- matches assessed needs and risks
- meets all health and safety requirements
- appropriately maintained and decorated.

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

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

Staff respect a person’s living area, except when there is an assessed risk to the person or others.

People using the service can choose to spend time in a communal environment or in privacy and quiet.
3.4 Staff will deal appropriately with visitors to the premises who may pose a risk to the residents or staff.

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

3.6 The fire safety and fire safety management in the accommodation meets the requirements within the Health and Safety at Work etc. Act 1974 (UK), the Management of Health and Safety at Work Regulations 1999 (UK) and the schedule thereafter; in addition:

- The accommodation has a suitable and sufficient fire risk assessment that is compliant with the above Regulations and the Isle of Man Fire and Rescue Service Safety guidance and instructions.

- The means of escape to be adequately maintained and kept free from hazards.

- Fire safety systems to be installed throughout the premises and to be installed in accordance with the relevant British and European Standards.

- Testing and maintenance of all fire safety systems to be carried out in accordance with the relevant British and European Standards.

- Records confirm that weekly alarm tests monthly firefighting equipment (including emergency lighting) checks, and fire drills are carried out at least twice per annum.

- Records of all testing, maintenance and training to be kept on the premises and these records are to be produced on request of a duly authenticated inspecting officer.

- If the accommodation has a fire certificate issued under the Fire Precautions Act 1975 (IOM) & Fire Precautions Amendment Act 1992 (IOM), it will be compliant with the Isle of Man Fire and Rescue Service Safety Department requirements and the accommodation recommendations. Any advice provided by either the Isle of Man Fire and Rescue Service Safety Department or the DHSC Fire Officer will be followed.

3.7 The registered person makes available a range of policies and procedures that support safety, health and hygiene and ensures the accommodation complies with relevant legislation including the Health and Safety at Work Act 1977 (IOM); Health and Safety at Work Act 1974 (UK) and Management of Health and Safety at Work Regulations 2003.

3.8 Staff have received training and follow robust policies in relation to cross infection and hygiene control and are able to demonstrate their understanding and practice in their routines. The policies in place are in line with recognised good practice guidelines.

3.9 The Food Hygiene Regulations 2007 (UK) are complied with and records made to demonstrate compliance.

3.10 Advice, guidance and records in relation to the Control of Substances Hazardous to Health Regulations (COSHH) 1999 (UK) are maintained.

3.11 Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1985 (IOM) (RIDDOR) are complied with and recorded.

3.12 Electricity at Work Regulations 1989 (UK) is complied with. A certificate of conformity/safety is available for the accommodation’s electrical installations that are in compliance with ‘The 17th Edition, Wiring Regulations’ or equivalent. Portable Electrical Appliance Tests (PAT) are carried out and recorded in compliance with current guidance and instruction.

3.13 Regulation of water temperatures and design solutions to control the risk of exposure to Legionella micro-organisms (water stored in tanks at 60°C degrees) and risk from hot water temperatures (not exceeding 44°C degrees for baths and 41°C degrees for showers and wash hand basins) are carried out in keeping with requirements and guidance and recorded. (Water Supply (Water Fittings) Regulations 1999 (UK)).

3.14 Central heating and boiler maintenance is carried out and recorded, and where appropriate compliance with Gas Safety (Installation and Use) Regulations 1994 is complied with.

3.15 The service has in place, and displayed, appropriate public liability insurance.

**Standard 4 Staffing**

OUTCOME

Staff are recruited following a rigorous and robust recruitment programme. There are sufficient numbers of trained competent staff (including ancillary staff) to meet the needs of the people at the accommodation. There are robust policies in place to ensure effective supervision and continuous professional development.

4.1 The registered person operates an Equal Opportunities Employment Policy when recruiting staff. The policy is a written one and it demonstrates that applicants are treated equally and fairly when applying for employment. Robust tests determine the applicant’s character and fitness for the post. Current employment legislation is followed

4.2 Staff are provided with a clear definition of their roles and responsibilities (job description etc.). Contracts of employment and/or terms and conditions of employment detail their employment obligations.

4.3 Staff files (including volunteers) contain:
• A completed application form and interview notes.

• All pre-employment checks.

• The names and addresses of two referees (not family members) who may be approached to comment on the applicant’s suitability (one of those referees is the applicant’s last employer or last educational establishment). Those references are taken up and contained in the file by the employer.

• Evidence of a relevant Disclosure and Barring Scheme check (DBS) and that these checks have been reviewed by the Employer every 3 years. (Providers will have 3 years to implement this across their service from the introduction of these revised standards – 2020).

• Evidence that a check with the DHSC Adult Social Care has been undertaken (when introduced).

• A statement that the applicant has no known medical condition that will debar them from carrying out their duties.

• Certificates of qualifications and achievements, for all staff.

• Registration and revalidation details for registered nurses, social workers and other professionals.

4.4 Successful applicants are employed under a minimum 3 month induction/probationary period which consist of regular one to one meetings with their direct line manager. A written induction programme, is in place and is followed and signed off by supervisor and inductee.

4.5 All new staff working directly with service recipients work supernumerary, for a minimum of 3 days, shadowing experienced workers.

4.6 There is an effective system in place for supervising staff practice. Unless the manager regularly works alongside a staff member there will be formal 1-1 supervision at least 4 times a year; supplemented by other forms of supervision such as team meetings and group discussions. Appropriate records will be kept; including staff/group meeting minutes and a record of the discussions following a formal 1-1 supervision.

4.7 Induction training for staff working directly with service recipients consists of mandatory training including:

• First aid.

• Moving and handling (if appropriate); theory & practice.

• Medication training.

• Management of behaviours that challenge, including physical intervention.

• Safeguarding/adult Protection.

• Fire training.

• Food hygiene/food handling if appropriate (if appropriate).
• Health and safety.
• Infection control.
• Any other training that may arise from a specific need.

4.8 Training for ancillary staff is designed to meet the needs of their specific role and induction training will consist of mandatory training relevant to that role.

4.9 The training is completed within the induction/probationary period time scales, unless extended by agreement; the employee's line manager along with the employee reviews and evaluates the effect of the training on performance prior to confirming the appointment in writing.

4.10 Individual training needs and gaps are identified by the manager of the service and the staff member as part of an ongoing programme of regular one to one supervision sessions (see 4.6 above).

4.11 All staff will have an annual appraisal of their performance.

4.12 Records of one to one supervision sessions and annual performance appraisals will be maintained on the person's individual file and a copy provided to the person.

4.13 A written training policy and programme is in place to ensure that staff are trained and competent to do their jobs, and qualified staff maintain and update their training. The programme contains a commitment to have a minimum of 50% of its staff trained to QCF (Quality Care Framework) level 2/3 standards (or equivalent), according to job role. The training programme makes provision for refresher training to take place and identifies the frequency of this.

4.14 All training programmes are delivered by competent and knowledgeable and (where appropriate) qualified trainers; programmes are regularly evaluated to ensure continuing fitness for purpose.

4.15 Following all staff training an evaluation check is carried out and recorded by the manager of the service indicating that the training is being practised by the staff team.

4.16 Team meetings that discuss business of the service and its operation occur regularly; as a minimum two per annum for services where managers and staff work alongside each other and as a minimum, six per annum for other services. Agendas are set prior to the meeting taking place and minutes of the meeting are provided and retained that outline the decisions and agreement made at the meeting.

4.17 Staff rotas are accurate and reflective of actual persons and hours worked on each day. Where changes are made these are clear and able to be understood. Shift leaders are clearly identified on the rota.

4.18 Numbers of staff employed take into consideration cover for training, sickness, annual leave and other types of leave (Maternity/Paternity/Special Leave etc).

4.19 Where staff are employed through an agency it is the responsibility of the registered person to ensure that rigorous checks and balances are in place to ensure competence and suitability to perform the role. A record of the action taken is kept which should include information about qualifications and experience.
Standard 5 Management

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

5.1 The registered manager is qualified and experienced in his/her role. Those forming part of the management team are assisted and supported to develop their management skills.

5.2 The registered manager has a relevant professional or care qualification and/or significant experience of working with the client group 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 a relevant professional or care qualification and/or significant experience of working with the client group, and are qualified to a:

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

Shift leaders (persons who may not be part of the management team but who are designated responsible on a particular shift for a group of staff and for ensuring the delivery of an appropriate service) are nominated at all shifts. Those shift leaders have a relevant professional or care qualification and/or significant experience of working with the client group and are qualified to or are enrolled on:

- QCF level 3 Diploma in Health and Social Care and Children and Young People’s Services or equivalent.

With regard to the above qualifications all existing staff should have commenced the appropriate award within 2 years of the review of these standards. Managers new to registration will be given a time frame that is appropriate to the date of their registration. From 2022 managers will not be registered without having gained or be in the process of gaining the QCF level 5 Diploma in Leadership for Health and Social Care and Children and Young people Services, or equivalent.

5.3 The registered person makes provision for individuals living at the accommodation to have their voice heard. House meetings are facilitated and held at a minimum of twice a year and a positive environment is created to encourage participation. Records are kept of the meetings and decisions made.
5.4 Individuals living at the accommodation and those visiting the accommodation, including healthcare professionals, are provided with opportunities and where appropriate, canvassed for their views on how the service is run, for example a suggestion box or written questionnaire is provided.

5.5 The registered person has in place recording systems to check and monitor staff activity to ensure compliance with the terms and conditions of their employment and the service’s policy and procedural requirements.

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

5.7 A written policy is displayed in the accommodation and contained in any brochure/welcome pack, informing people of their rights to access their files and records at any time. Where access is restricted this is explained to the individual.

5.8 The registered person ensures confidentiality of personal information and complies with the principles outlined within the Data Protection Act 2018.

5.9 The responsible person (or the agreed nominee) must make twice yearly visits to the service. The visit is part of the provider’s quality assessment process. A report in respect of each visit must be produced and include assessment of the following areas:

- premises
- staffing levels
- staff skills
- resident satisfaction
- records.

5.10 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 to access benefits or establish entitlement to benefits.

5.11 All records required to be maintained under the Regulation of Care Act 2013, its associated regulations or these standards are signed dated and timed where appropriate. They are stored appropriately and are regularly reviewed by the registered person/s to ensure they are compliant with the service’s policies and procedures on record keeping.
Standard 6 Risk Assessment

OUTCOME
Robust risk assessment ensures that all risk is managed appropriately and in line with current agreed practice. Risk assessing is comprehensively carried out to protect all parties concerned.

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

6.2 The assessments must be clear, detailed and fully documented.

6.3 Any changes in risk levels of individuals must be fully recorded, together with any strategies implemented.

6.4 Clear responsibility for supervision of individuals by named officers must be in place.

6.5 The service has robust policies and procedures in place to prevent injury and serious damage to property.

6.6 All risk assessments include reference to the size/layout of the premises and the skills mix and experience of the staff team.

Standard 7 Records

OUTCOME
All records must contain clear up to date information to effectively manage the service.

7.1 All records must be stored securely in locked cabinets and/or password protected computer records.

7.2 Records must be up to date and clearly evidence the reasoning behind decision making.

7.3 All records of contact with individuals must be appropriately logged.

Standard 8 Policies and Procedures

OUTCOME
Clear policies and procedures must be in place which guide practice.

8.1 The registered person makes available to staff a comprehensive policy and procedure file. The policy documents cover all aspects of work including practical tasks, 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. All policies and procedures should reflect current legislation and practice for the Isle of Man.

The registered manager sets in place recorded systems to ensure the staff team are familiar with and comply with the policy documents whilst at work. People living at the accommodation can ask for access to the policy and procedure documents.

8.2 Policy and Procedure documents are regularly reviewed and dated on the front cover to indicate the date of the review and when the next review is due.

8.3 The following policies and procedures must be in place:

- admissions and moving on
- approaches to 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
- fire safety
- smoking and the use of alcohol and substances by visitors, staff and people living at the accommodation
- 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 people’s finances
- use of mobile phones and camera phones at work
- retention of records and access to records
- complaints procedure
- access to independent advocacy.

**Standard 9 Quality Assurance**

| OUTCOME | Systems are in place which effectively measure the quality of the service. |

9.1 Formal quality assurance systems are in place and the registered person uses a range of tools to measure the quality of the service provided. This will include:

- numbers and types of complaints received and any learning resulting from this
• comments and compliments about the service from a range of stakeholders and any actions taken as a result of stakeholder feedback
• accident and incident reports
• observations of those using the service
• views of staff working at the service
• reports from the responsible person’s visits to the accommodation (or their nominated person) which must include the notes of the visits.

9.2 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 displayed and available to all. The annual report could include:

• achievements in the year
• plans for the future
• outcomes of the quality assessment exercise
• medication audits
• equipment audits
• individual plan audits and
• compliments and complaints received and any changes made as a result of concerns raised.
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


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'.
This document can be provided in other formats

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