Adult Care Homes

Minimum Standards

Registration & Inspection Unit

With effect from 1st April 2017

Department of Health and Social Care
Rhyenn Kiarail y Theay
Introduction

The introduction of the Regulation of Care Act 2013 has replaced the existing legislation (The Nursing and Residential Homes Act 1988 and its Regulations). The new Act along with its associated Regulations have made changes that are intended to support improvement in relation to the quality and safety of services available and delivered to vulnerable people.

Historically, on the Isle of Man, services for adults have been registered dependent on the services they have provided to people, for example, nursing homes were registered with a category of ‘Nursing Home’ and homes for people with learning disabilities were registered as ‘Residential Homes for People with Learning Disabilities’. The category of registration was dependent upon the client group the home accommodated.

The Regulation of Care Act has, to some extent, removed the requirement for those categories to be applied to Residential Homes and has imposed an obligation on the Registered Persons to admit and accommodate people to the residential home responsibly and in keeping with their Statement of Purpose. Residential homes that provide personal care or personal support and/or nursing for adults are registered as Care Home. Regulations make provision for sub-categories; for example ‘Learning Disabilities’, to be added if considered necessary.

This document sets out the Standards that registered providers are expected to apply to their service. These are the minimum standards expected and the Regulation of Care Act requires that the DHSC considers these standards when making regulatory decisions; there are opportunities within the Standards for registered providers to be creative, innovative and dynamic when applying them to their service, and providers should use them as a baseline from which to deliver and develop services to the people who use them.

The Standards have been written with a range of care provision in mind including:

- Care Homes for Older People.
- Care Homes that also provide nursing care.
- Care Homes for people with Learning Disabilities.
- Care Homes for people with Autism.
- Care Homes for people with a Physical or Sensory Impairment.
- Care Homes for People with Dementia.
- Care Homes for Younger Adults.

As such the Standards must be adapted to suit the needs of the client group and where a standard is not applicable to a specific service evidence why must be provided and agreed by the Registration and Inspection Unit. The Standards have been developed to require and encourage registered providers/managers to deliver services to people that promote the following values:

- Privacy.
- Dignity.
- Safety.
- Choice.
Realising Potential.
Equality and Diversity.

Respect and enrichment of lifestyles are also a focus within the standards and providers should be able to demonstrate that the service they are registered for enriches the lives of the people it serves.

The Standards are set out into seven areas:

**INTRODUCTION ADMISSION AND ASSESSMENT: Standard 1**
Is about the admissions and assessment process. Looking at how people are introduced to the service and how their choices are listened to and acted upon. It is incumbent on the registered person to facilitate a smooth and comfortable admission process for the person, whilst confirming that the home has the equipment, staff skills and facilities to meet individual needs.

It is equally important that people making the decision to move into an adult care home have all the information they need to make properly informed choices. A failed placement affects both the person and the service and it is important to recognise that the success of a placement largely depends upon the initial decision being the right one for that individual.

A comprehensive assessment supports the registered person in establishing at the start a trusting relationship with the person being accommodated; it is a key factor in achieving a successful transition and developing life enriching experiences.

**DAILY LIVING: Standard 2**
Is about daily living and the experiences of the individual whilst living at the care home.

A focus on the premises design and décor is a starting point for this Standard. People with different conditions and needs require different accommodation so the provider must be sure that the home’s design and décor meets the needs of the people accommodated. For example:

People with dementia require signage to help them discover or understand where they are, or where they are going. Distinctions in colours are important so people can see where carpets end and walls begin. Toilet seats that match the toilet bowl can be problematic. Mirrors need to be appropriately placed.

People with physical disabilities need smooth floor covering and lots of space. Hoists and tracks may be required, grab rails, raised toilet seats should be provided. Access to gardens should be factored into the premises that offer accommodation to people with either impaired or no mobility.

The environment is crucial in supporting people to be comfortable, independent and well.

Routines, activities and occupation impact on people’s quality of life and satisfaction. Research tells us that providing people with opportunities to take up new or existing
pastimes and activities enriches lives. People often, throughout their lives, set themselves aims and goals and this should not stop because they have moved into an adult care home. Group activities and one to one or lone activities should be a regular feature of the homes provision; and appropriate staffing should support this.

People generally like to 'feel useful' and opportunities to experience this must be provided by the home. Younger adults, particularly those with learning disabilities often help out with household domestic tasks sometimes independently and sometimes with support or supervision. Following a risk assessment people should be encouraged to help out with household tasks. Older people with dementia are often found 'wandering aimlessly’ up and down corridors in care homes. Sometimes the provision of a duster will divert the person and occupy them dusting furniture. Staff and providers should be creative in helping people to be occupied.

Routines must be set around the people living at the home and not the people working at the home. Going to bed and getting up times are individual and must be respected. Similarly people wishing to eat their meals at a different time to that set by the home should be able to do so. Some people find eating in a large dining room difficult and they should be in a position to eat in private should they wish to do so. There are occasions when routines have to be set (for example, where an adult with a learning disability is going to work/day centre/ college) and in these cases set routines are acceptable. Where younger adults are accommodated it is reasonable to expect some compliance with routines in order meet obligations or appointments. These arrangements could form part of a person’s set goals or development needs and be contained within their plan of care.

The Standards make reference to meals and peoples’ dining experiences. Choices and environment are key factors to successful dining. Nutrition and support to eat, where required, are instrumental to achieving good health. Much emphasis is placed on nutrition and hydration and the standards reflect the importance and the responsibility on providers to ensure the people they are supporting receive nutritious meals and that they are offered drinks and snacks regularly throughout the day.

**DAILY SUPPORT: Standard 3**
Motes on from daily living to a focus on daily support. This Standard is mainly about personal care plans and records.

A main feature of any nurse or care worker’s role is to support people to maintain or improve their emotional, physical, medical and social health and wellbeing. It is therefore imperative that personal plans are written in such a way to instruct and guide the reader to deliver the care in a safe way and in a way that suits the person that the plan is about. People need to be involved in all aspects of their personal care planning so that they can have a voice as to how their support should be provided. Staff should not make decisions about a person’s support without first consulting the person, or if this is not possible, their representative.

Maintaining independence and links with their community means that people should, where possible, be supported to visit their own dentists, opticians etc. and attend
their own GP surgery; and when shopping is needed people are supported to visit the shop and select their own goods.

Staff should not routinely administer medicines for their clients unless a risk assessment has determined that a risk is present and that medicines should be managed in this way.

Risk assessments are in place to ensure people are not exposed to unnecessary risks and should form part of the person’s care/personal plan. The home’s staff should adopt a risk management strategy that seeks to manage risks rather than having an approach that is ‘risk averse’.

How plans are arranged and what is contained in the plan will depend on the types of people the plan is about, for example, a personal plan concerning a person with dementia may well contain information about employment, family matters and behaviour patterns that help support workers and nurses to better understand the person or encourage an activity that might be enjoyed. For a young adult the plan may contain inspirational activities along with guidance about how best to manage a medical condition, say epilepsy. In short, the plans should be fit for purpose.

**ENVIRONMENTAL AND PERSONAL SAFETY AND COMFORT: Standard 4**

Is concerned with all aspects surrounding environmental and personal safety and comfort. Personal safety encompasses aspects around safeguarding and lists the staff team obligations to keep people safe.

Because the standards are generic the registered person will need to be assured that the procedures their service adopts are fit for purpose. Environmental systems and arrangements at the service will evidence compliance that the home is clean and well maintained, that equipment is safe for use and kept in good repair, that fire precaution equipment is properly maintained, serviced and checked and that other systems and appliances such as electrical, water and gas meet the required safety standards.

Food hygiene, cross infection, infection control and basic good hygiene practice in the home will contribute to people’s safety and well-being. Routines, instructions and policy guidance for staff members to use as guides and prompts will support the home’s activity in this area.

Person centred documentation will explain how staff support people to remain personally safe. All types of services will comply with the Isle of Man safeguarding strategy. Some services will require strategies around crisis physical intervention and those services will need to demonstrate compliance with standards outlining that physical intervention will only be used where the person or those surrounding them are in danger and that people will be treated respectfully and have their dignity upheld.

**MOVING ON: Standard 5**

It is recognised that, from time to time, people living in adult care homes move on to other homes or back into the community.
For example, some people due to their condition may decide to move from an older person’s service to a care home with nursing so they may receive the nursing component within their care and support.

A home concerned with supporting people with learning disabilities may contribute to goals and aims around supporting the person to become independent enough to live independently or semi independently in their own home.

Whatever the reason for the move it is essential that the service recognises that people need support in making arrangements for their move. Individual transitional plans for the move help staff and the person, making the moving experience as seamless a move as is possible.

**STAFFING: Standard 6**
Seek to put in place checks and balances to ensure that people of integrity, good character and good health are appointed.

Treating people fairly regardless of whether they are staff members or resident at the home should form an important part of the home’s ethics.

Staff are recruited following an equal opportunities process that is able to demonstrate fairness and equality regardless of gender, sexual orientation, race, culture and age. The test is ‘the best person for the job’.

Candidates should be taken through a rigorous process before being offered employment at the home that includes checks about their honesty and integrity and which confirms good health, both physical and mental.

A home’s reputation and the satisfaction of its customers are mainly reliant on the staff team; training, support, working conditions, job descriptions, team meetings and one to one support for the staff team are strategies that will contribute to both a positive reputation for the service and the comfort and satisfaction of the people living there.

Training and qualifications according to the specific needs of the people accommodated at the home is required. Staff who care for people with dementia and other specialist groups must be equipped, educated and prepared for the work.

Some aspects of training such as first aid and food hygiene etc. is generic to all services; this training is mandatory forming the baseline for more specialist training.

**MANAGEMENT QUALITY AND IMPROVEMENT: Standard 7**
This final section is about the overall management of the home.

Registered managers demonstrate that they have the experience and qualifications to lead their team. The home is run efficiently and effectively and paperwork, written information and documents are maintained to demonstrate efficiency.

Strategies are in place to monitor staff activities and resident satisfaction. An annual development plan places an obligation on the manager to consult with people who
live, work and come into contact with the service about their perception of the service with a view to a programme of continuous improvement.

The focus for all services is to put the people it serves first.

INTRODUCTION, ASSESSMENT AND ADMISSION

For respite services all Standards apply.

**Outcome**

People are confident that the home’s information reflects the services practice and that written information is accurate and current. The registered provider is able to clearly establish that the home’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.

STANDARD 1

1.1 The registered person makes available written information (guide/brochure/handbook/statement of purpose) that details the ethos, facilities and services available at the home. The information should be written in such a way that it reaches its target audience, for example an easy read version should be available for people with learning disabilities, an audio or Braille version should be available for people with a sight impairment etc). The information should be accurate at all times and accessible to all people. The information describes the overall purpose of the service provision and includes the information set out in Schedule 3 to the registration regulations.

1.2 The registered person (or their representative/agent) carries out, as far as it is practicably possible, comprehensive and thorough assessments with the person being accommodated prior to the admission taking place. Information from other allied professionals, where available, will form part of the overall assessment. In particular; attention should be paid to the following:

- Mental Health Needs.
- Dementia.
- Behaviours that challenge.
- Mobility, including risk of falls.
- Emotional wellbeing.
- Nutritional Needs.

1.3 The assessment, where possible, takes place outside the care home. The person considering being accommodated (and/or their representative) is involved in their assessment and their perceptions on what to expect when living in a care home are explored. Part of the assessment includes a compatibility assessment that explores and considers the impact the admission will have on the home and the people living there. (Where the admission is an emergency the reason for the emergency should be recorded and compliance with standard 1 takes place at the home as soon as possible following the
admission). The assessment will also take into account existing information that is available at the time.

1.4 A staged admissions process, as far as this is practicable, is made available for the person being accommodated. Visits to the home are facilitated and people are introduced to staff members and fellow residents. People are able to stay for meals and join in activities where practicable. All contact with the person, including visits to the home is recorded.

1.5 Where it is not possible to carry out a pre-admission assessment (for example emergency placements) the reason for this is recorded and compliance with standard 1 is achieved within 48 hours of admission. Where this time scale is unable to be achieved the reasons should be recorded.

1.6 During the admission process, the person being admitted and/or their representative are provided with a written contract that includes details of:

- Terms and conditions of residency; including fees and charges for services not included in the contract.
- Details of notice served, support provided and timeframes.
- Details of services/items provided (such as newspapers, hairdressing. chiropody etc) and if there is an additional charge.
- Insurance information for personal belongings.

**DAILY LIVING**

For respite services Standards 2.3, 2.4, 2.14, 2.15 and 2.16 do not fully apply.

This section concerns itself with ensuring people’s activities and routines are acknowledged and supported to be carried out in surroundings that promote their independence, dignity and comfort. The suitability of the premises in terms of furnishings and decoration, safety, cleanliness, aids and equipment and comfort is confirmed.

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<th>Outcome</th>
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<tr>
<td>People are supported to set and carry out their activities and routines in suitable surroundings. The environment is conducive to peoples’ well-being and safety. People live in a home that is safe, warm clean and comfortable. People have access to the aids, equipment and facilities they need.</td>
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**STANDARD 2**

2.1 The registered person makes provision to ensure the home is kept in a good state of repair, and is comfortable; is a safe place to live and work; is clean and hygienic; contains the facilities and equipment to meet the health and social needs of the people accommodated. Special consideration in terms of décor, furnishings and equipment is taken for homes accommodating people with dementia, learning disabilities and people with physical and sensory
impairments. Such considerations are based on validated research and opinion.

2.2 People have their own private accommodation and they are supported to personalise their own rooms with their own belongings. People are able to lock the door to their own accommodation (the lock should be able to be overridden by a staff member in an emergency situation). People are supported to recognise their own accommodation by personalising their own bedroom doors (using memory boxes, name plates, numbers etc, as appropriate). People are able to control the heating, lighting and ventilation in their own rooms or supported to do so. Where people require assistance or are unable because of their disability, this is stated in their recorded plan of care.

2.3 Bedrooms have a minimum usable floor space of (in new registrations) 12.5 square metres. In existing registered homes 10.25 square metres. En-suites are at a minimum of 3.5 square metres and are provided in new builds.

2.4 Communal areas are comfortable and contain furniture and decor that is conducive to comfort and safety. Access to communal areas should be available at all times. Communal space provides, at a minimum, 3.9 square metres for each person living in the home. The communal areas are attractive and provide areas for people to undertake a variety of group activities, such as quiz games and lone activities such as reading etc.

2.5 The dining room is able to accommodate all people living in the home and also accommodates people who may use wheelchairs or walking frames. Chairs are of a design to promote independence and mobility e.g. has arm rests and sliders for ease of movement. The dining room is bright and airy and encourages a pleasant dining experience for the people using it.

2.6 There are sufficient toilets and bathrooms to meet the needs of all people living and working at the home, pre-existing care homes provide one shared toilet for no more than four people; care homes not able to provide this should include this information in their written information. All toilet and bathroom doors are fitted with locks that can be overridden by a staff member in an emergency situation.

2.7 Aids and equipment as appropriate and meeting the needs of the occupant are installed and available including:

- Call systems and alarms.
- Communication equipment.
- Grab rails, raised toilet seats.
- Hoists, and where applicable, hoist tracking.
- Signage (taking into account individual conditions and needs such as sight/hearing difficulties, learning disabilities and people with dementia).
- Passenger lifts and chair lifts.
- Smart technology.
• If transport is provided by the home maintenance records must be kept. Annual driving licence checks must be recorded for those who transport residents.

• (This list is not exhaustive and the needs of the people accommodated will determine the equipment requirements, for example, in some homes window restrictors are needed).

2.8 People have access to a telephone at all times. A private area is available where people can conduct their business and make/receive phone calls in private. Where appropriate people have access to modern technology including a computer and broadband facility.

2.9 The grounds/gardens of the home are well maintained and provide a safe place for people to move around freely. The grounds are accessible and meet the needs of all people resident at the home.

2.10 People living in the home set their own daily living routines and these are recorded. Where people’s disability prevents them from doing this every effort is made to consult with family and friends to determine preferred routines.

• Staff comply with peoples’ wishes about getting up and going to bed times.

• People eat their meals at times that suit their preferences and in areas that they choose. (flexibility is built into meal times to enable reasonable choices about times to eat to be made).

• Staff take into account peoples habits and bathing preferences if intimate support is provided. People are able to choose the gender of the person helping them with personal intimate care.

In some cases, for people with dementia, learning disabilities and mental health problems, personal plans clearly describe how choices to routines are restricted, by whom and why.

2.11 Meals are nutritious and attractive and meet recognised nutritional standards. (E.g. Caroline Walker Trust). People living at the home where possible contribute to the menus. Where people require help with eating it is provided ensuring dignity and where possible choice. Choices of meals are available. People’s views about the meals/menus are recorded as part of the home’s quality assurance programme. Providers also record when changes to the menu are made and where a choice system is in operation the record must make clear what each person actually ate.

2.12 Where a person’s nutritional needs change, for example when a person’s health deteriorates or during end of life care, appropriate steps must be taken to ensure that the person continues to be provided with suitable replacement foods/drinks.

2.13 For smaller homes, and for homes accommodating people with learning disabilities or mental health problems, where appropriate, and providing risks are assessed, people are helped to shop for and cook their own meals.
2.14 Drinks and snacks are available at all times through the day and night. Where people are unable to ask for or access their own drinks and snacks staff ensure drinks and snacks are offered and assistance provided at regular intervals during the day (approximately every 2 hours) and also if they are awake during the night. Records should provide evidence of this.

2.15 Opportunities for appropriate activities are provided. Equipment for activities is available, for example board games, computers, books and music etc. An activities programme planned around the people who live in the home makes provision for a minimum of three accessible and stimulating activity sessions per week are contained in the programme. Evidence of involvement is recorded within individual care records.

2.16 People are enabled and supported to be occupied, if they wish, (or if it is a feature of their personal plan, see Standard 3) to carry out light domestic tasks such as dusting, making their bed and using the washing machine etc.

2.17 People’s rights as citizens are promoted and protected, for example, voting rights are supported by the home’s staff.

DAILY SUPPORT

For respite services Standards 3.2, 3.4, 3.5, 3.6, 3.8, and 3.9, do not fully apply.

This section deals with how staff support people to maintain good health and emotional wellbeing. Its focus is intended to ensure people enjoy continued support that meets their individual needs and service delivery that is person centred.

**Outcome**

People are confident that the staff will support them to maintain their health and to support their social and welfare requirements.

STANDARD 3

3.1 The registered person ensures that every person living at the care home has an individual personal plan of care that has been drawn up from the comprehensive assessment of needs taken prior to and/or during admission. The plan to include the support required to meet the identified needs of the person. The person the plan is about or their representative is consulted and where possible contributes to the detail of the care plan.

3.2 Nutritional needs form part of the needs assessment and will include:
   - Evidence of reference to recognised nutritional guidelines and standards (e.g. Caroline Walker Trust).
   - Reference to the Malnutrition Universal Screening Tool (MUST).

3.3 Part of the plan concerns itself with the person’s known medical condition/s and documents and instructs the reader of the plan about how to support/maintain/improve the person’s medical condition/s. Every effort
should be made to ascertain a person’s medical information from the person, their family and the GP where that information is relevant to their care.

3.4 Visits to health care professionals is clear and detailed listing the support requirements, for example, if the person is subject to a CPA (Care Programme Approach), the plan will detail the responsibilities of the staff members in order for the person to meet the agreements made at the CPA meetings.

3.5 People, where appropriate, will have access to regular well person, including sexual health checks/tests with their GP and these will be detailed in the plan.

3.6 Social, cultural and emotional well-being is also factored into the plan. The plan sets out personal goals and aims and details the support required to meet those personal aims. Timeframes are set, and measured against during the review processes. Where people are unable to contribute to this aspect of the plan, for example because of dementia, every effort is made to access information that will assist the service to identify what might have been the persons wishes and aspirations and people should not be denied the opportunity to have their social, cultural and emotional wellbeing needs met because of a dementing illness or other disability.

3.7 The plan identifies any cultural needs and makes provision for people to follow their chosen faith where appropriate. Holy days, festivals, birthdays and personal anniversaries are acknowledged and ways found that ensure people can observe these as they choose. The plan acknowledges people’s diverse backgrounds and uses, this to help staff members to better understand the person they are supporting.

3.8 Communication arrangements, if required, are identified recorded and made provision for. This includes the need for interpretation of language/signing/braille; loop system; use of pictures/symbols for people with learning disabilities; assistance for people with dyslexia and assistance for people who are unable to read and write.

3.9 The care plan (and any review) identifies any behaviour that may challenge the service provision and how these behaviours will be managed; the provider shall ensure that staff have an understanding of each service user’s emotional and physical needs and be aware of warning signs and “trigger” points which result in particular behaviours. Staff will be knowledgeable about de-escalation techniques and will be skilled in listening and anticipating, diverting or diffusing challenging incidents; they will be familiar with strategies which enable them to minimise behaviours that challenge.

3.10 Detailed records will be kept that show when de-escalation techniques or interventions have been used and the circumstances that triggered the intervention.

3.11 Leisure interests and hobbies are identified within the person’s care plan and there is written instruction for the reader about how those should be maintained/encouraged. Community links and contact with friends relatives etc. are supported, encouraged and recorded.
3.12 The care plan will identify any specialist furniture/equipment required; this will be provided and maintained. Specialist advice will be taken as required and there will be clear instruction which tells staff how to use the equipment and where appropriate training is provided on the use of equipment. Records are kept of all maintenance to the equipment.

3.13 The care plan includes a Personal Emergency Evacuation Plan (PEEP) which identifies the level of support the person requires to evacuate the building in the case of an emergency. The PEEP should also include a fire risk assessment for that person and will identify any potential risks and the steps to be taken to eliminate/minimise that risk.

3.14 Every effort is made to ascertain people’s wishes as they approach the end of their life and where these are ascertained they are recorded in their plan. Where appropriate family/other representatives for the person are consulted. The home’s staff team follow a written policy that promotes dignity when supporting people who are dying and at death.

3.15 Every effort is made to have in place arrangements in regard to resuscitation and where it is the wish of the person not to be resuscitated, this is discussed with the person’s medical practitioner and a do not resuscitate (DNR) form is completed that includes the doctor’s signature. DNR instructions should be reviewed regularly.

3.16 The personal plan of care is reviewed as required (for example; when a change of need occurs or a new health issue arises), but in any event at least every six months at which time a new assessment of needs forms part of the review process. The person the plan is about and/or their representative is always invited to attend and contribute to the review.

3.17 Where identified, people have access to other healthcare specialists for example, physiotherapists, continence advisers, tissue viability nurses and nutritionists etc. Regular contact with dentists, opticians and a chiropodist is facilitated.

3.18 For all adults, access to available advocacy services (or equivalent) that are not linked to the home is supported. (N.B Advocacy in this context does not mean legal advocacy). Where advocates are used this is included within the care plan.

3.19 A risk management strategy is enforced to ensure people have the opportunity to enjoy life and take risks in a safe and managed way. Risk management strategies do not unduly restrict people or their activities and movements. Risk assessments are carried out on daily activities that constitute or suggest risk. Consultation and agreement with the risk taker and the persons assessing the risk results in a written risk management strategy that advises the reader and the person about how best to manage the risk. Risk assessments are recorded and reviewed when a person’s needs change or at least every six months.

3.20 People keep and control their own money where possible. Unless there are legal reasons for the individual not to do so, they decide who has access to their personal financial and private business. Where people are deemed not to have capacity to control their own money the service should take steps to ensure that personal money is protected through robust policies and
procedures. Records are kept of any monies held on behalf of service recipients, to include when and how monies were used on the person behalf. The record is to be signed and witnessed as being accurate by two individuals other than the service recipient.

3.21 Where people are considered to lack capacity to make decisions in any area of their life a ‘capacity assessment’ relating to that specific decision is undertaken and recorded. Where capacity is deemed not present a ‘best interest decision’ is taken and recorded in the individual’s personal plan (in the absence of capacity legislation on the Isle of Man, the guidance provided by the Department is to be followed).

**Medication**

3.22 Medication is listed and reviewed annually. Where a person stores and administers their own medication and attends their GP alone for review, there are suitable systems in place to identify and reduce associated risks.

3.23 Following a written risk assessment, and where appropriate, people are supported and encouraged to manage and administer their own medication. The registered person develops systems, which are as least intrusive as possible, to monitor that people continue to manage their medication safely and effectively. People are provided with lockable storage units for their own medication.

3.24 Where people do not manage their own medication, the reasons why is recorded in their personal plan and the support/activities of the staff members taking up this task are listed.

3.25 Medication is administered following prescription instructions and administered/stored in compliance with the ‘Royal Pharmaceutical Society of Great Britain: The Handling of Medicines in Social Care (2007) and the NICE guidelines :Medicines Management in Care Homes (March 2015).

3.26 Medication is administered and dispensed in a respectful and sensitive manner by competent and trained staff. Nurses administering medication follow the Nursing and Midwifery Council standards for medicine management. Medication training is provided by accredited trainers. Comprehensive and detailed written policies and procedures govern the administration processes and ensure that medication is managed efficiently and competently. Competency is assessed annually for care staff and every 2 years for qualified nurses.

3.27 Where medical or nursing procedures are carried out by non-nursing staff, they are only carried out on the written authorisation of the prescribing doctor or the responsible qualified nurse, and with the permission of the person involved or their representative. Staff carrying out these procedures should be authorised and trained to do so. Training is kept up to date and recorded.

3.28 First aid training forms part of the home’s training programme and a first aider is rostered on duty at all times. First aid boxes/kits are placed at suitable locations around the premises and are kept fully stocked.
ENVIRONMENTAL AND PERSONAL SAFETY AND COMFORT

For respite services all Standards apply.

This section considers environmental safety supporting people to live and work in a safe, clean environment. Alongside, and equally important, are aspects that support personal and physical safety.

**Outcome**

Systems, checks, policies, procedures and staff training ensure that people’s dignity, well-being and safety is promoted and protected.

**STANDARD 4**

4.1 The registered person has written processes that comply with relevant guidance and instruction to ensure the safety of the premises and environment. Robust policies, procedures and training, support people to be safeguarded and protected from poor practice and abuse.

4.2 All staff have access at all times to a detailed process that describes the steps they will take if they receive an allegation or suspect abuse is occurring.

4.3 There is a whistle blowing policy that staff understand and use to make known their concerns. Detailed records are made and retained on issues raised around safeguarding. A copy of the most current Isle of Man Adult Safeguarding Procedures is read, understood and complied with by all staff in the home.

4.4 Mandatory safeguarding training is undertaken within 6 months of appointment for all new staff. Staff are aware of the types of abuse including physical, sexual, psychological, financial or material neglect, acts of omission and discriminatory or institutional abuse. Prior to the training, and within one week of the start date, the registered person/or senior person acting on their behalf reviews and explains the safeguarding process to the new employee and this is included within the employees’ induction programme.

4.5 Where physical intervention or restrictive practice is likely to occur, staff will undertake accredited training within 6 months of appointment. A detailed written policy document is available at all times to staff for their consultation and guidance. Written records are made following any physical intervention or restrictive activity.

4.6 Where appropriate any measures of physical intervention which staff may have to use to keep an individual safe or to keep others safe should be discussed and agreed with the individual and/or their representative and recorded in the individual’s plan of care. All agreed interventions form part of a risk assessed approach and are regularly reviewed.

4.7 Restriction around freedom of movement and personal liberty is within the boundaries of any deprivation of liberties legislation and does not affect the liberty or movement of other people accommodated at the home. Decisions regarding the deprivation of liberty of an individual are made after a multi-disciplinary meeting; the minutes of which are comprehensively recorded.
Where an emergency situation arises with a person who does not have a Deprivation of Liberties agreement in place, immediate action to secure the person’s safety will be taken and then followed up with a written record of that action.

4.8 The home’s complaints procedure is written in plain language, displayed at the service and is accessible to all people. Where required the procedure is available in an easy to read version, audio version and Braille etc. The Complaints Policy and/or Procedure includes the following:

- It provides assurance to people receiving a service that their complaint will be taken seriously and there will be no retribution for making a complaint.

- Provides information as to who the complaint may be referred to if not satisfied with the outcome – which should include the Registration and Inspection Unit.

- Provides information on how people can access an independent advocate to support them in making a complaint.

- Makes appropriate provision for handling any complaint against the registered provider/manager of the service.

4.9 The registered person ensures that when complaints are accepted they are recorded. The complainant receives a written acknowledgement, and following an investigation, a written outcome. The acknowledgement will be received by the complainant within seven days of making the complaint. The outcome will be received by the complaint within twenty eight days. Where the outcome is delayed the complainant will be advised in writing of the delay.

4.10 The fire safety and fire safety management in the home meets the requirements contained 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 home has a suitable and sufficient fire risk assessment that is compliant with the above Regulations and the Isle of Man Fire Safety guidance and instructions.

- Staff to have appropriate fire safety training on induction and receive further training not more than 3 months following induction. Thereafter training is renewed annually. This training to be carried out by a recognised provider.

- 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 carried out at least twice per annum are carried out.

• 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 Home 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 Safety Department requirements and recommendations. In all other homes any advice provided by either the Isle of Man Fire Safety Department or the DHSC Fire Officer will be followed.

4.11 The registered person makes available a range of policies and procedures that support safety, health and hygiene and ensures the home 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.

4.12 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.


https://www.nice.org.uk/guidance/cg139?&utm_medium=email&utm_source=shemail&utm_campaign=cg139

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

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

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

4.16 Electricity at Work Regulations 1989 (UK) is complied with. A certificate of conformity/safety is available for the home’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.

4.17 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 degrees °c for baths and 41 degrees °c for showers and wash hand basins) are carried
out in keeping with requirements and guidance and recorded. (Water Supply (Water Fittings) Regulations 1999 (UK)).

4.18 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.

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

**MOVING ON**

For respite services the Standard does not apply.

This section concerns itself with services supporting people to move into semi-independent or independent homes in the community. Or where people, due to other factors such as their condition or family matters move onto another residential care home.

<table>
<thead>
<tr>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>People have confidence that the support and systems in place will provide a positive experience when people move out of the care home.</td>
</tr>
</tbody>
</table>

**STANDARD 5**

5.1 The registered person develops a written policy and guide to support staff to assist people to move on. The policy is comprehensive and detailed.

5.2 Staff support people to move on in practical ways, for example supporting people to make positive choices about where they will move to.

5.3 A transitional period is set that ensures equipment or furniture required in the new arrangements is in situ. That services (electric, gas, water etc) are available if moving into independent living. Where a move to another residential establishment is being prepared for Standards 1 apply.

5.4 Access to GP’s and other healthcare support is established. Community links are identified.

5.5 Finance matters associated with the move are arranged.

5.6 Where appropriate, for example the move to another care home, the individual’s written records and personal plan (or copies) are provided to the new home.

5.7 Provision for follow up visits and checks, where appropriate, are made.

**STAFFING**

For respite services all Standards apply.
This section focuses on how staff are recruited trained and deployed. Taking up character and integrity checks when recruiting staff. Ensuring staff are competent and confident doing the job they are employed to do and making sure there are sufficient numbers of staff to support the people living at the home.

**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 home. There are robust policies in place to ensure effective supervision and continuous professional development.

### STANDARD 6

6.1 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.

6.2 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.

6.3 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 last employer). 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 Social Services 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.

6.4 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.

6.5 Included within each employees induction programme there will be evidence that the Care Certificate Standards (Skills for Care), or equivalent, have been considered and used appropriately.

6.6 In regard to the above it is required that:

- Social/healthcare workers will attain the Care Certificate within 12 months of taking up employment.
- The employer will decide whether any of the Care Certificate Standards apply to employees other than social/health care workers and will take appropriate steps to ensure that relevant standards from the Care Certificate are include in that persons induction programme.

6.7 All new staff working directly with service recipients work supernumerary, for a minimum of 1 week, shadowing experienced workers.

6.8 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.

6.9 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.
- Communication.
- Food Hygiene /food handling if appropriate (if appropriate).
- Health and Safety.
- Infection Control.
- Nutrition.
- Value based training (privacy dignity, resident’s rights etc.).
- Dementia Training (if appropriate).
- Any other training that may arise from a specific need.
6.10 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.

6.11 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.

6.12 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 6.8 above).

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

6.14 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.

6.15 Where specialist support is provided to people, for example, people with dementia, people with learning disabilities, people with mental health problems and people with physical disabilities. A discrete and separate training programme is in place.

6.16 A written training policy and programme is in place to ensure that non-nursing 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 care/support staff trained to QCF (Quality Care Framework) level 2/3 standards (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. The training programme makes provision for refresher training to take place and identifies the frequency of this.

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

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

6.19 Team meetings that discuss the business of the care 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.

6.20 Staffing levels and staff deployment are determined following a regular written dependency assessment of resident’s needs. The assessment to include:

- Physical Health needs.
- Mental Health needs (including the level of support needed for people who wander).
• Emotional needs.

• Personal Care/Bodily Function needs.

• Mobility/moving around needs (including the level of support required for those subject to falls).

6.21 Assessments are also undertaken when people’s needs change, for example an outbreak of a contagious illness, admissions to the home etc.

6.22 All assessments include reference to the size/ layout of the home and the skills mix and experience of the staff team.

6.23 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.

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

6.25 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.

MANAGEMENT QUALITY AND IMPROVEMENT

For respite services Standard 7.5 does not apply.

This section details how the home’s managements systems and practices affect the day to day running of the home.

Quality measures and checks support the home to make improvements and to continuously develop and make adjustments and improvements to the service it offers to people.
Outcome
People have confidence that the systems in place support the smooth running of the home. The registered manager is qualified and competent to manage the home. People are consulted about how the home is run and their opinions are taken into account. The home has an annual development plan that makes provision for the home to develop and improve.

STANDARD 7

7.1 The registered manager is qualified and experienced in his/her role. Improvements and development items are identified by the registered manager, the staff team and the people living or coming into contact with the home. Those forming part of the management team are assisted and supported to develop their management skills.

7.2 The registered manager has a relevant professional or care qualification and/or significant experience of working with the people being cared for 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 people being cared for, 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 appropriate care to service recipients) are nominated at all shifts. Those shift leaders have a relevant professional or care qualification and/or significant experience of working with the people being cared for 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.

NB: In homes where nursing care is provided there is always a qualified nurse on shift who is responsible for ensuring that the nursing needs of people are met.

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 1st April 2019 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.

7.3 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. 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 home can ask for access to the policy and procedure documents. (A list of mandatory policies and procedures is available in Appendix A).

7.4 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.

7.5 The Provider must notify the Isle of Man (DHSC) chief nurse of any incidences were nursing staff’s suitability is in question.

7.6 The registered person makes provision for people living at the home 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. Meals and menu reviews form part of this meeting. Alternative methods of establishing the views of people with dementia and other conditions that affect a person’s ability to communicate are explored. Records are kept of the meetings and decisions made.

7.7 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.

7.8 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 home (or their nominated person) which must include the notes of the visits.
7.9 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;
- care plan audits and;
- compliments and complaints received and any changes made as a result of concerns raised.

7.10 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 home’s policy and procedural requirements.

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

7.12 A written policy is displayed in the home 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.

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

7.14 The responsible person (or the agreed nominee) must make twice yearly visits to the home. 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 and family satisfaction.
- Records.

7.15 The registered person makes provision for people to have their small personal belongings (i.e. jewellery) stored safely. A record is kept of all items stored and of when the items are returned to the person. The record to be signed and witnessed by persons other than the service recipient.
7.16 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.

7.17 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 home’s policies and procedures on record keeping.
**Glossary**

**Personal 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 homes. People who have met specific criteria and met standards that deem them ‘fit’ to own and or run a care home.

**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.

**Skills for Care:** The organization that ensures England's adult social care workforce has the appropriately skilled people in the right places working to deliver high quality social care. To achieve this, they focus on the attitudes, values, skills and qualifications people need to undertake their roles. It is expected that registered persons on the Isle of Man follow the Skills for Care Standards and outcomes for their workforce.

**Social Services Check:** The DHSC has agreed to provide relevant information to employers about any person known to them who has applied to look after vulnerable adults and children; there is a standard form to be used and sent to the DHSC during the recruitment process.

**Disclosure and Barring (DBS):** A scheme that replaces Police checks and provides for people working in the Health and Social Care sector to be checked against the barred lists held in the UK as well as their criminal convictions and cautions history.

**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.
Appendix A

Policy and Procedure Documents to include:

- Admissions and Moving On.
- Approaches to Care/Support – dignity, choice, independence, rights, and autonomy.
- Care Planning and reviews.
- Recruitment and selection, including Equal Opportunities and pre-employment checks.
- Induction and Training – including supervision and appraisal.
- 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.
- Accidents and Missing Persons.
- Dignity Dying and Death.
- 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/management of behaviours that challenge.
- Policy on receiving gifts or loans – staff.
- Managing peoples finances.
- Use of mobile phones and camera phones at work.