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Introduction

Respite services can be provided in a variety of settings and it is an important resource for carers and service users to enable them to remain within the family home or community and not require the services of a long term care home.

These standards sit under the Regulation of Care Act 2013 definitions for Adult Care Home and Children’s Home and have been created to provide a more appropriate regulatory framework for services that are not the main carer for individuals and who do not provide long term care to service users.

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 these are considered when making regulatory decisions. There are opportunities within the standards for registered providers to be creative, innovative and dynamic when applying them to their services and providers should use them as a baseline from which to deliver and develop services to the people who use them.

The respite standards cover services provided to adults and children and the service must meet all the requirements under the standards which are specific to their service. Where a standard is not applicable to a specific service, evidence of 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 must be able to demonstrate that the service they are registered for enriches the lives of the people it serves.

The standards are set out in six areas:

1. Introduction
2. Assessment
3. Care planning
4. Staffing
5. Environment
6. Management, Quality and improvement
Glossary

Assessment of needs
Assessments are written documents and visual observations that form part of the service user’s safety strategies. They can be personal, environmental or generic. Risks are identified and plans set in place to either eliminate or minimise those risks.

Care plan
Care plans provide direction for individualized care of the client. A care plan flows from each service user’s unique list of diagnoses and should be organized by the individual's specific needs. Continuity of care.

DBS check
The Disclosure and Barring Service (DBS) is 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 either in the Isle of Man and/or the UK as well as their criminal convictions and cautions history.

Environment
The home and grounds be kept in good state of repair. Written policies and guidance to comply with current safety guidance and legislation.

Management and Quality Improvement
Management and quality improvement means better service user outcomes, better system performance (care) and better professional development for the service.

Pre-employment checks
These include two references, relevant DBS check, up to date medical statement, evidence of original certificates, if appropriate Social Services and out of area checks and validation of registration details for registered nurses, social workers and other professional staff.

Registered Manager: Is the person in day to day charge of the setting. The manager may be the same person as the responsible person if that provider is an individual and in limited circumstances may also be the same person as the responsible person of a corporate body. If not the same person, the manager will be recruited by the registered provider but will be registered by the Department and must meet the registration criteria set out in the Regulation of Care Act 2013, the Registration of Care (Registration) Regulations 2013 and in these Standards. A manager must have appropriate qualifications and experience.

Statement of purpose
A statement of purpose is a legislative document which should be produced in a format reflecting the arrangements for the operation of the care service. It should be kept under regular review and used as a benchmark to ascertain the services provided. It should contain a short summary statement relevant to the individual care service which outlines the ethos and values that underpin the delivery of care, aims, purpose and intention of what the care service is planning to achieve. Each service’s statement of purpose will differ in size depending on its complexity.
Standards

Standard 1 - Introduction

**Outcome - Prospective users of the Respite service have all the information needed to help make a decision about using the service.**

1.1 The service must have in place a statement of purpose about the respite service. This must describe the overall aims, objectives and philosophy of the service and include the relevant information from the list set out in Schedule 3 of the Registration Regulations. The information must be updated regularly to ensure accuracy.

1.2 A service user guide or handbook must be available which contains information about the service including:

- a summary of the statement of purpose
- the location and description of the service
- the types of activities provided
- the fees or charges payable and required payment method for services. Facilities or activities
- any transport provided and cost incurred
- the referral process.

1.3 The service must provide a service agreement/contract with each service user and their family (where applicable).

Standard 2 Assessment

**Outcome - Each service user must have an up to date assessment of their needs with regard to the service provided**

2.1 The respite service must undertake an assessment of the individual service user’s needs prior to offering a service to ensure their needs can be met by the provision.

The Assessment must include:

- personal care and physical well-being
- family involvement and other personal and social contacts
- sight, hearing and communication
- continence
- mobility, dexterity and the need for specialist equipment
- mental health and cognition
- medication requirements
- personal safety and risk
- specific condition-related needs and specialist input
• dietary requirements and preferences
• social interest, religious and cultural needs.

2.2 The service user, their family and other professionals (as appropriate) must be involved in the assessment process and this must be recorded and utilised to create the individual care plan.

2.3 Where it is not possible to carry out a pre-admission assessment (for example an emergency placement). The reason for this is recorded and compliance with Standard 2 is achieved within 48 hours of admission.

**Standard 3 Care Plan**

**Outcome - A Care/support plan must be in place for each service user.**

3.1 A care/support plan outlining the details for the care/support to be provided must be developed and agreed with each service user.

3.2 The care/support plan must be reviewed at least annually and when any changes in need occur with the service user, their relatives and significant professionals. The review must be recorded and the care plan must be updated accordingly.

**Standard 4 Staffing**

**Outcome - The service is staffed by individuals who are suitable to work in the service and have the relevant qualifications and experience to meet the needs of the service users.**

4.1 There must be a rigorous recruitment and selection procedure which meets the requirements of legislation, equal opportunities and anti-discriminatory practice and ensures the protection of service users.

4.2 At least two written references are obtained from non-family members of the applicant before making an appointment, one of which is the immediate past employer or educational establishment, as appropriate. Any gaps in the employment record must be explored. New staff and volunteers must only be confirmed in post following completion of all satisfactory checks as well as references, these checks must include:

• verification of identity
• a current enhanced DBS check
• Social Services check/out of area check (where appropriate)
• work permit (if required)
• driving licence (if appropriate)
• certificates of training and qualifications
• declaration of health
• health care professional council registration details if appropriate.
4.3 Each staff file must contain the following:

- completed application form and interview notes
- all pre-employment checks
- the names and addresses of the two referees (not family members) who provided comments on the applicant’s suitability (one of those must be the applicant’s current/last employer) and copies of the actual references received
- evidence of a relevant Disclosure and Barring Service check (DBS) and that these checks have been reviewed by the employer every 3 years
- a statement that the applicant has no known medical condition that will debar them from carrying out their duties
- certificates of qualifications and achievements
- where appropriate social services suitability checks
- registration and revalidation details for Registered nurses, social workers and other professionals.

4.4 New staff, including temporary workers and volunteers must be provided with a written contract specifying the terms and conditions under which they are engaged, including the need to comply with the Service’s staff handbook.

4.5 A record must be kept of all disciplinary incidents and details entered in the personal file of the member of staff concerned.

4.6 Employers must refer someone to the Disclosing and Barring Service if they:

- dismissed them because they harmed a child or adult
- dismissed them or removed them from working in a regulated activity because they might have harmed a child or adult otherwise
- planned to dismiss them for either of these reasons but the person resigned first.

**N.B. It is illegal for employers to employ someone or allow them to volunteer for working with children or adults if it is known they are on one of the barred lists.**

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

4.8 There must be 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 must be kept and supervision should include identifying gaps in training, training undertaken and the impact training has had on the individual’s practice.

4.9 All staff must undertake a robust induction programme, where appropriate including the elements of the Care Certificate Standards (Skills for Care). This must be fully recorded. [http://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Section-4-Induction-Learning-and-Development.pdf](http://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Section-4-Induction-Learning-and-Development.pdf).
Standard 5 Environment

**Outcome - The registered provider must have written policies and processed that comply with all relevant guidance and instruction to ensure the safety and suitability of the premises and environment.**

5.1 The registered person must make provision to ensure the building and grounds must be kept in a good state of repair, be comfortable, be a safe place to live and work is clean and hygienic and contains the facilities and equipment to meet the health and social needs of the people using the service. Special consideration in terms of decoration, furnishings and equipment must be taken for homes accommodating people with dementia, learning disabilities and people with physical and sensory impairments. Such considerations must be based on validated research and be evidence based. Where the building is shared the registered person must risk assess shared usage and ensure that the service users are safe.

5.2 All bedrooms must have a minimum usable floor space of 12.5 square metres (new registrations) in existing registered homes 10.25 square metres, en-suites must be a minimum of 3.5 square metres and be provided in new builds.

5.3 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 residing 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.

5.4 The dining room must be able to accommodate all people living in the home and also accommodate people who may use wheelchairs or walking frames. Chairs are to a design to promote independence and mobility e.g. have 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.

5.5 There must be sufficient toilets and bathrooms to meet the needs of all the people living and working at the home, pre-existing services must provide one shared toilet for no more than four people. All toilet and bathroom doors are fitted with locks that can be overridden by a staff member in an emergency situation.

5.6 The fire safety and fire safety management in the home must meet the requirements contained within the Health and Safety at Work Act 1974 (UK), the Management of Health and Safety at Work Regulations 1999 (UK) and the schedule thereafter; in addition:

- the home must have 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
- staff must have appropriate fire safety training on induction and receive further training not more than 3 months following induction. Thereafter training must be renewed annually. This training must be carried out by a recognised provider
- the means of escape must be adequately maintained and kept free from hazards
- fire safety systems must be installed throughout the premises and must 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 must 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 must be kept on the premises
• if the home has a fire certificate issued under the Fire Precautions Act 1975 (IOM) & Fire Precautions Amendment Act 1992 (IOM) it must be compliant with the Isle of Man Fire and Rescue Service Safety Department requirements and recommendations. In all other homes any advice provided by either the Isle of Man Fire and Rescue Service Safety Department or the Department of Health and Social Care Fire Officer must be followed.

5.7 The registered person must make 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 (IOM); Health and Safety at Work Act 1974 (UK) and management of Health and Safety at Work Regulations 2003.

5.8 Staff must receive 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 must be in line with recognised good practice guidelines.


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

5.9 The service must be registered with the Department of Environment, Food and Agriculture, comply with the Food Hygiene regulations 2007(UK) and record to demonstrate compliance. Meals must be nutritious, attractive and meet recognised nutritional standards (e.g. Caroline Walker Trust). People using the service contribute to the menus. Where people require help with eating it must be provided ensuring dignity and where possible choice. Choices of meals must be available.

5.10 Advice, guidance and records in relation to the Control of Substances Hazardous to Health Regulations (COSSH) 1999 (UK) must be maintained.

5.11 Reporting Injuries, Diseases and Dangerous Occurrences Regulations 1985 (IOM) (RIDDOR) must be complied with and recorded.

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

5.13 Regulation of water temperatures and design solutions to control the risk of exposure to Legionella micro-organisms (water stored in tanks at 60 degrees centigrade) and risk from hot water temperatures (not exceeding 44 degrees for baths and 41 degrees for showers and wash hand basins) must be carried out in keeping with the requirements and guidance and recorded. (Water Supply (Water fittings) Regulations 1999 (UK).
5.14 The central heating and boiler maintenance must be carried out and recorded and where appropriate compliance with Gas Safety (Installation and Use) Regulations 1994 must be complied with.

5.15 The service must have in place and displayed appropriate public liability insurance.

**Standard 6 Management, Quality and Improvement**

<table>
<thead>
<tr>
<th>Outcome - People have confidence that the systems in place support the smooth running of the service. The registered manager must be qualified and competent to manage the service. The service has a robust quality assurance system which supports the service to reflect, develop and improve.</th>
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6.1 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 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 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 must 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 or equivalent.

6.2 The registered person must ensure that there is a written training policy and programme in place to ensure than staff are trained and competent to do their jobs, and qualified staff maintain and update their training. All training must be delivered by competent and knowledgeable (and where appropriate) qualified trainers, training must be regularly evaluated to ensure continuity of purpose. The service must ensure that 50% of its care/support staff are trained to QCF level 2/3 diploma or equivalent.

6.3 The registered person must ensure that staffing levels and staff deployment are determined following a regular dependency assessment of service user needs. The assessment must take into consideration the size and layout of the service and the skills mix and experience of the staff team.

6.4 The registered person must make available to the staff a comprehensive policy and procedure file. The policy documents must 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 must underpin all staff practice and provide a framework from which the 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. (A list of mandatory
policies and procedures in available in Appendix A).

6.5 All policy and procedure documents must be regularly reviewed and dated on the front cover to indicate the date of the review and when the next review is due.

6.6 The service’s complaints procedure is written in plain language displayed at the service and is accessible to all people. The policy must include the following:

- assurance to people receiving a service that their complaint will be taken seriously and there will be no retribution for making a complaint
- information as to who the complaint may be referred to if not satisfied with the outcome which should include the Registration and Inspection Unit
- 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.

6.7 The registered person must make provision for people using the service and other professionals to comment on the service and this should be recorded and contribute to the service’s annual report.

6.8 Formal quality assurance systems must be in place and the registered person must use a range of tools to measure the quality of the service provided. This should 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
- view of staff working at the service
- reports from the responsible person’s visits to the service (or their nominated person) which must include the notes of the visits.

6.9 An annual report must list the success of the service and include 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 should include:

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

6.10 The registered person must ensure that all records and documents 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.

6.11 A written policy must be displayed in the service 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, it is explained to the individual.

6.12 The responsible person (or 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
- service users and family satisfaction.
- records.
Appendix A

Access to records
Accidents and incidents
Assessment, care planning and review
Assessment of risk in the day care setting
Communication
Complaints (must be prominently displayed)
Confidentiality
Capacity
COSHH
Disciplinary
Exclusion
Equality
Fire
First Aid
Gifts to staff and donations to the service
Health and Safety
Induction and Training
Infection Control
Maintenance of equipment, plant, premises, ground and vehicles
Management of keys
Management of medicines – including administering or assisting with medication
Management of records
Managing aggression and behaviours which challenge the setting
Menu planning
Missing service users
Mobile phone policy
Moving and Handling
Notifications to Registration and Inspection Unit
Outings
Planning and reviewing programmes and activities
Quality improvement
Record management (including retention)
Recruitment and Selection
Referral
Risk management
Reporting incidents
Safeguarding (including procedures to be followed when an allegation is made against staff or the registered person)
Security of the day care setting
Sickness
Smoking
Visitors
Volunteers
Whistle blowing
This document can be provided in different formats

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