



**St Helena
Government**



Community Care Centre (CCC)

A care home for older people

Ladder Hill, St Helena Island

PRACTICE STANDARDS

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The Aims and the Approach

These practice standards acknowledge the unique and complex needs of each individual residing at the CCC; as such they stipulate the minimum requirements for the CCC to operate as a care home as well as the required knowledge, skills and competencies needed by management and staff to ensure that the CCC delivers individually tailored, comprehensive and quality services. Each practice standard has an achievable outcome for the residents. Although the practice standards are qualitative, they are also measurable and may be considered in line with any quality assurance process commissioned by the Saint Helena Government. This includes: self-assessments, cross-government reviews, communication with residents, families, staff and significant others, observation of practice, a review of written policies, care plans, and associated records, a range of visits to the CCC – announced, unannounced or thematic.

The Principles underpinning the Standard

Person- Centred Care

All staff of the CCC shall adopt a person-centred care approach by contributing to the recognition of, and connection with the person, focusing on residents' strengths and goals, and the importance of valued relationships.

Dignity

All residents shall be supported to live safely and in dignity, and be completely free of exploitation, abuse and discrimination.

Privacy

Each resident's privacy shall be respected at all times.

Physical and Mental Well-being

Each resident shall be provided with the medical and nursing care needed to retain optimal physical and mental health, and is provided with the opportunities and facilities to enable him/her to continue to be physically and mentally active, and to maintain the highest level of independence possible. This will be achieved through effective working with the health directorate including the community nursing team, and the clinical lead.

Self-fulfilment

Each resident shall be provided with opportunities to achieve his/her full potential through easy access to social, recreational, cultural, and spiritual opportunities.

Autonomy/Empowerment

Each resident shall have a right to independent decision-making, and where capacity for independent decision-making is not present, the legally appointed representative shall be consulted on all decisions pertaining to the resident including, but not restricted to, decisions related to admission, medical and care decisions, and decisions involving finances and legal matters. Decisions shall only be taken after a fully informed consent process with the resident or his/her legally appointed representative. A legally appointed representative such as a Deputy or Lasting Power of Attorney must provide documented proof of appointment/registration.

Equality

All residents shall be treated with respect, regardless of their age, sex, race or ethnic origin, disability, cognitive level, marital or family status, beliefs, and sexual orientation.

Right to Complain and Right to Legal Recourse

Every resident or his/her legal representative shall be provided with clear information and opportunity to allow for the expression of complaints or concerns, and for seeking legal recourse as necessary without any repercussions on the resident's rights, freedom and quality of life. A standard complaint form will be available for the expression of such complaints to the manager, Director of Children & Adults Social care Directorate or the Saint Helena Government.

Active engagement with residents:

Residents will be encouraged and supported to realise their full potential for physical, social, and mental well-being. The CCC will provide an environment where residents can engage in meaningful activities, and a healthy, independent and safe lifestyle.

Where possible and appropriate, all residents will be involved in decision-making processes. Where this is not possible, alternate forms of engagement with significant others will be sorted to ensure that residents are fully represented. The Director, Assistant Director, senior leadership team, manager and staff of the CCC will also ensure the protection of residents from all forms of abuse through policies, procedures and practice for the prevention and reporting of actual or suspected abuse. This will include clear procedures for responding to all forms of reported or suspected abuse in a timely and sensitive manner. Residents' independence shall be enabled across all levels of care, including but not restricted to the promotion of mobility, access to community resources, and participation in society to the extent possible.

Staff of the CCC will undertake to promote a culture that encourages independence in activities of daily living including, but not restricted to, policies and procedures that promote (a) continence and independent personal care to the fullest extent possible, (b) mobility, (c) falls prevention, (d) prevention of pressure sores, and (e) prevention of the use of physical or chemical restraints. Any deviation from these policies and procedures shall be clearly documented and formally addressed in the individual plan of care available to staff and recorded on Azuz.

CHAPTER 1 – The CCC's commitment

Introduction

All prospective residents and/or legally appointed representatives shall be able to make informed choices about whether or not the CCC can meet the individual's assessed needs. The CCC's 'Statement of Purpose' and the contractual arrangements entered into with each resident shall enable the adult assessment, planning and review team to assess how far the CCC is fulfilling its obligations to meet residents' needs that is informed by a regularly updated individual plan of care. These obligations will also be considered in any quality assurance process at the discretion of the Director or Assistant Director, Children & Adults Social Care Directorate.

Standard 1 Information

OUTCOME

Prospective residents and their next of kin and/or their representative shall, at all times, have all the information about the facilities and specific services provided by the CCC to enable an informed decision on whether the CCC is able to provide the appropriate care for the individual. (See admissions criteria)

The manager shall make available to all residents, relatives and significant others, an up-to-date Statement of Purpose that explains the aims, objectives, services, facilities, philosophy of care and conditions of the home. The Statement of Purpose also details the physical environment.

Standard 2 Contract

OUTCOME

Each resident has a written contract with the CCC. The plan shall be modified following changes in the resident's activities of daily living following consultation between the manager and the resident or their representative.

2.1 Each resident or their representative shall be provided with a contract detailing the terms and conditions at the time of moving into the CCC.

2.2 The contract shall include:

- details of the room to be occupied, including washing facilities available and clearly specifying the maximum number of occupants per room i.e. sole occupancy or twin
- a comprehensive list of the services provided (including health, food and nutrition, recreational, etc. detailing additional fees where applicable)
- all fees payable and by whom (resident, relative or other)
- rights and obligations of the resident and the proprietor/manager detailing liability when there is breach of contract
- terms and conditions of occupancy (including period of notice if and when applicable, and possibility of transfer of bedroom)

- A guide to meal and snack times shall be specified
- for those residents requiring assistance when bathing or washing – the days and time frames within which this takes place should be specified

2.3 Any changes or updates to the contract shall specify the level of care required based on the social care officer, or social worker's initial assessment and evaluated according to agreed protocols. The social care officer or social worker's initial assessment shall be recorded in the resident's file on Azuz. The updates shall be modified following changes in the resident's activities of daily living following consultation between the manager, social care officer, significant other, and where possible the resident.

Standard 3 Needs Assessment

OUTCOME

No individual moves into the CCC without having had his/her needs assessed and been assured in writing that these will be met.

3.1 New residents shall be admitted only following a full assessment undertaken by staff authorised by the Director or Assistant Director, Children & Adults Social care Directorate to do so. The admission's panel will consider each assessment and referral on merit. The assessment will form the basis of a comprehensive care plan. Where possible and appropriate, the prospective resident, his/her representative (if any) and relevant professionals shall be fully involved in both the assessment process and the formulation of the care plan. The adult services team will coordinate the drafting and implementation of the care plan with assistance from CCC staff who will have direct involvement in the care of the resident.

3.2 Placement and care planning reviews will be conducted at agreed intervals. The manager, shall acknowledge any significant changes in each resident's needs and ensures in writing that these will be met. Any such changes will be updated on Azuz by the CCC manager or delegated person(s).

3.3 The needs assessment process shall be coordinated by the allocated social care officer, social worker, manager and staff of the CCC.

3.4 Each resident shall have an active care plan including longer-term needs based on ongoing assessment processes. This plan shall be modified according to the changing needs of each resident following the outcome of formal reviews or ongoing assessments when necessary.

Standard 4 Continually Meeting Needs

OUTCOME

Residents and their representatives know that the CCC will meet their needs and will continue to do so as these change.

4.1 The manager, clinical lead, heads of care, and staff must be able to demonstrate the CCC's capacity to meet the assessed needs (including specialist needs) of individuals admitted to the CCC.

4.2 All specialised services offered (i.e. services for people with dementia or other cognitive impairments, sensory impairment, physical disabilities or respite care) shall be demonstrably based on current good practice, and reflect relevant specialist and clinical guidance.

4.3 Individual's needs and choices including religious beliefs and diet must be understood and met.

4.4 Staff, individually and collectively shall have the skills and experience to deliver the services and care which the home offers to provide.

4.5 The manager of the CCC shall be responsible for sourcing the provision of all equipment required by residents according to their assessed needs. This equipment shall include: standard wheelchairs, hoists, height adjustable beds, toilet frames, commodes, pressure-relieving mattresses, and pressure relief cushions for all residents requiring them.

4.6 The manager of the CCC shall ensure that any work that is out sourced in agreement with property services is covered by a contract that clearly details the quality of the service the subcontractor is expected to provide. The CCC manager shall be responsible for ensuring such standards are always maintained even when the services are provided by in-house handy persons, property services or external contractors.

Standard 5 Trial Visits

OUTCOME

Prospective residents and their relatives and friends have an opportunity to visit and familiarise themselves with the quality, facilities and suitability of the CCC.

5.1 The manager shall ensure that where possible, prospective residents are invited to visit the CCC and to move in on a trial basis before they and/or their representative make a decision to stay. Unplanned admissions are avoided where possible, and shall only take place in emergency situations.

5.2 When an emergency admission is made, the CCC manager or delegated person such as the allocated social care officer or social worker shall undertake to inform the resident and/or representative within 72 hours about the key features of the home, the services available, routine procedures, and to consider all other admission criteria.

CHAPTER 2 - Health and Personal Care

Introduction to Standards 6 to 10

Residents' health and personal care shall be based on their specific individual needs and wishes within reason. Therefore, the assessment process and the individual's plan of care are seen as crucial in maintaining standards. The results of the initial and periodic assessments are the basis of the plan of care, which then becomes the essential vehicle for the delivery of care. The care plan is an essential document, which must be reviewed at agreed intervals and at other times according to the assessed needs of the resident.

The CCC manager, clinical lead, heads of care and staff are responsible for meeting these standards. New residents are only accepted if the admission's panel and manager contractually undertakes to fully meet the needs of the prospective resident as determined by completed assessments. In the exceptional case of emergency admissions, this will be done within 72 hours of admission. Emergency admissions shall be given a temporary emergency admission contract, which would be applicable in the interim period until the regular admission contract is agreed and signed.

Standard 6 - Resident's Individual Plan of Care

OUTCOME:

The resident's identified health, personal and social needs and how they will be met shall be clearly documented in an individual care plan that is updated regularly.

6.1 A resident's care plan generated from a comprehensive assessment shall be drawn up with the involvement of the resident and close relatives and/or representative, where possible. It shall be recorded and entered onto Azuz in a style accessible to the resident if requested, and agreed and signed by the resident and/or representative if applicable. This plan shall provide the basis for the care to be delivered.

6.2 The care plan shall set out in detail the action that needs to be taken by care staff to ensure that all aspects of the health, personal, spiritual and social care needs of the resident are met.

6.3 To reflect changing needs, the care plan shall be reviewed at agreed intervals, or after any significant change in the resident's general medical, psychological, behavioural, or social condition.

6.4 The resident, his/her relatives or representative (where applicable) shall be offered a copy of the plan of care and any subsequent significant modifications.

Standard 7 Health Care

OUTCOME:

Residents maintain their autonomy with respect to decisions about their health care, and appropriate policies and procedures shall be in place to enable access to physical and mental health care services as needed.

7.1 The manager, clinical lead, heads of care, and all staff shall promote and maintain the ongoing healthy well-being and safety of all the residents and ensure access to appropriate health care services in a timely manner when needed.

7.2 Care staff shall ensure that residents' personal and oral hygiene are properly maintained. Residents shall be encouraged to undertake the basic activities of daily living and independent activities of daily living providing their health enables them to do so.

7.3 A suitably trained professional in liaison with the health directorate (i.e. community nursing team) shall visit and assess those residents who have developed pressure sores at agreed times, and appropriate measures shall be implemented accordingly. All observations and management plans shall be documented. However those residents at risk of developing pressure sores shall be monitored daily by care staff, and on the advice of health professionals. The identification of pressure sores shall constitute an acute event; appropriate action must be promptly taken, recorded in the individual care plan and consult with the health directorate (community nursing team). The resident's progress shall be monitored and recorded in accordance with advice from health and clinical professionals.

7.4 Pressure sores - treatment and outcome, shall be recorded in the resident's individual care plan and/or associated records by the CCC manager or delegated person(s), and reviewed at agreed intervals by community nurses.

7.5 Equipment necessary for the promotion of tissue viability and prevention or treatment of pressure sores shall be available in consultation with community nurses, and provided to residents at risk of or suffering from pressure sores.

7.6 The manager of the CCC shall ensure that professional advice about the promotion of continence is sought and acted upon, and aids and equipment needed are provided.

7.7 The residents' mental health shall be monitored regularly for any signs of change, and preventative action taken in a timely manner.

7.8 The use of sedatives and anti-psychotic medication for the management of behavioural and psychological manifestation of mental health problems will be considered only through discussions with the multi-disciplinary team, and assessment by doctors and the mental health team. Relevant policies and/or agreed procedures shall be available to residents and/or their legally appointed decision maker.

7.9 The use of sedatives and anti-psychotic medication as restraints shall be avoided and used only with residents or their legally recognised decision maker's consent, and in accordance with legally recognised best practice guidelines for optimising treatment and care for people with illnesses such as dementia.

7.10 Care staff will be appropriately trained and supervised in the recognition of behaviour of concern, as well as management of such behaviour without resorting to use of chemical restraints.

7.11 The use of anti-psychotics and sedatives shall be reviewed by suitable health professionals at agreed intervals, and their continued use be medically justified and documented in the individual's care plan. In the absence of appropriate justification, alternative strategies shall be considered and implemented.

7.12 Daily or regular opportunities shall be considered for exercise and physical activity appropriate to the needs and abilities of each resident. Access to assessment and the provision of appropriate appliances and aids shall also be provided for residents identified as at risk of falling.

7.13 Nutritional screening shall be undertaken on admission and subsequently at agreed and appropriate intervals. Where appropriate, any ongoing records shall be maintained of the nutritional intake of each resident at risk, including weight gain or loss, dehydration, and appropriate action taken.

7.14 The residents shall have access to a doctor, services at the General hospital, and clinics as and when it may be necessary to seek medical advice or attention.

7.15 The residents shall be provided access to specialist medical, nursing, dental, pharmaceutical, and all other primary health care services, and community health services according to his/her need.

7.16 Residents shall be provided with access to services for hearing and sight tests, and to services providing appropriate aids, according to his or her needs including physiotherapy and occupational therapy.

Standard 8 Medication

OUTCOME:

The prescription, storage, preparation, administration, disposal, and all documentation of medication shall follow written policy and procedures. The manager will ensure that all care staff responsible for the management of medications are aware of the policy and trained in the procedures.

8.1 The manager and clinical lead shall ensure that a policy and procedures are in place on all aspects of pharmaceutical requirements at the CCC, including: prescription, storage, preparation, administration, disposal, and documentation of medications. (refer to procedural guidance as reviewed and updated by the pharmacist in April 2018)

8.2 Records shall be kept of all medicines received, administered or disposed of at the CCC to ensure that there is no mishandling of medication.

8.3 An updated medication administration record shall be maintained of the current medication prescribed to each resident, and the administration of every medication for each resident appropriately documented indicating clearly the type of medication, dosage, resident's refusal to accept medication, any errors by staff, time of administration, and staff administering the medication.

8.4 All medications, including but not restricted to Controlled Drugs, shall be administered by appropriately trained staff unless the resident chooses to self-administer medication. Relevant policies and procedures shall provide clear instructions on the identification of residents who can self-administer.

8.5 The administration of Controlled Drugs shall comply with any relevant guidelines and legislation.

8.6 The administration and disposal of Controlled Drugs shall be recorded separately and be subject to regular audit by the manager, clinical lead, or pharmacist.

8.7 The manager or person in charge such as the clinical lead or head of care shall seek information and advice from the pharmacist or doctor regarding any queries that may arise about the medication of any resident.

8.8 In all circumstances, the medication of each resident shall be reviewed by the prescribing doctor at agreed intervals and at other times when necessary and the review documented in individual care plans. Suitably trained care staff shall monitor the condition of the residents on medication and liaise

with the doctor via the manager or clinical lead if there is any change in their condition that may be a result of their medication.

8.9 When a resident dies, unused medication belonging to the resident shall be disposed of as specified by the relevant local legislation and guidance issued by the pharmacist or health directorate.

Standard 9 Privacy and Dignity including intimate and personal care

OUTCOME:

Residents must be treated with respect, their right for privacy is upheld, and their dignity is preserved at all times.

9.1 The arrangements for health and personal care shall ensure that residents' privacy and dignity are respected at all times, and with particular regard to:

- personal care-giving, including bathing, using the toilet or commode;
- entering bedrooms, toilets and bathrooms;
- consultation with, and examination by health professionals;
- maintaining social contacts with relatives and friends, and significant others
- following death.

9.2 Bathing/bed bathing or showers shall be performed daily and/or according to the resident's needs and according to preferences within reasonable time limits.

9.3 Where requested, residents shall have a TV connection, easy access to a telephone for use in private, easy access to the Internet and receive their mail unopened.

9.4 Residents shall be allowed to wear their own clothes at all times.

9.5 All staff shall use the term of address preferred by the resident.

9.6 All staff shall be instructed during induction and regularly reminded on how to treat residents with respect at all times.

9.7 Medical examination and treatment shall be explained clearly and respectfully to the resident prior to administration and provided in the resident's own room. It shall be ensured that all procedures are fully understood by the resident or his/her legally appointed decision maker.

9.8 Where residents share a room, adequate screening or partitioning shall always be provided to ensure that their privacy is not compromised when personal care is being given or at any other time.

Standard 10 - Dying and Death

OUTCOME:

Residents are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect, according to their religious and personal beliefs.

10.1 Care and comfort shall be given to residents who are dying, and their death shall be handled with dignity and propriety, and their spiritual needs, rites and functions shall be observed.

10.2 Care staff shall make every effort to ensure that the resident receives appropriate attention and pain relief as instructed by the doctor (and if appropriate) to administer at the CCC.

10.3 The resident's wishes or those of their legally-appointed representative concerning terminal care and arrangements after death shall be respected to the extent possible. Wherever possible, resident's prior wishes, whether verbal or written, shall be considered in the event that the resident becomes incapable of expressing his/her wishes at the time of death. Similarly, the resident shall be given the opportunity to involve family, friends or legally appointed decision maker in decisions concerning terminal care.

10.4 The privacy and dignity of the resident who is dying shall be maintained at all times, and visiting by relatives and close friends respected and encouraged.

10.5 Residents shall be enabled to spend their final days in their own rooms, surrounded by their personal belongings, unless there are strong medical reasons to prevent this. In exceptional circumstances whenever requested and if possible, residents shall be allowed to return to their own home to die. (further discuss with Wendy & Michelle)

10.6 The manager shall ensure that staff who wish to offer comfort to a resident who is dying are enabled to do so with the consent of the resident while capable, or that of the legally appointed decision maker.

10.7 Access to palliative care, practical assistance, advice and bereavement counselling shall be provided by trained professionals. Staff should be afforded the time to discuss and reflect on their time spent with a resident who dies in their care.

10.8 The changing needs of residents for personal support and/or technical aids as their condition deteriorates shall be reviewed regularly, and met swiftly to ensure the individual retains maximum control.

10.9 Relatives and friends of a resident who is dying shall be allowed to stay with him/her for as long as they wish, unless the resident makes it clear that he/she does not want them to, or unless their presence is disruptive to the dying resident or other residents.

10.10 The body of a resident who has died shall be handled with dignity, and time is allowed for family and friends to pay their respects.

10.11 Policies and procedures for handling dying and death shall be available and observed by all staff. When a resident is dying or dies, relatives shall be informed of the home's procedure after death and appropriate guidance given. (see separate guidance for last offices)

10.12 The transportation of the deceased person shall be handled with the utmost discretion to ensure, as far as possible, this is not witnessed by any of the residents.

Daily Life and Social Activities

Introduction

Older individuals continue to have social, cultural, spiritual, and recreational needs and interests, and will therefore move into the CCC with their expectations and preferences. The way in which social life is organised at the CCC, along with the range of activities will be explained to residents prior to, or within 72 hours following admission. Prospective residents, their family and/or their representatives must have a clear idea of what is on offer. The capacity for social activity will vary among residents and many may need special support and assistance in engaging in the activities of daily life.

Residents regard the food they are given as one of the most important factors determining the quality of their lives. Individuals' food preferences, both personal and cultural/religious, are part of their identity and must always be observed. Where possible, these should be ascertained at the point where an individual is considering or actively moving into the CCC. The allocated social care officer, social worker, or manager must make it clear in writing whether or not those preferences can be observed.

The food provided for residents is also important for maintaining their health and well-being. Failure to eat – through physical inability, mental ill health, cognitive dysfunction, or because the food is inadequate or unappetizing – can lead to malnutrition with debilitating consequences for health. Care staff should monitor each resident's food intake in an as discrete and unregimented way as possible, and should also provide assistance when required in a patient and timely fashion to ensure adequate amounts of food and drinks are consumed. This includes the manner in which care staff serve residents their food, provide protective clothing to catch any spillage, and positioning when providing hands-on support. For example, sitting with the resident face to face and at eye level.

The availability, quality and presentation of food, along with the way in which staff assist residents at meal times, are crucial in ensuring residents receive a wholesome, appealing and nutritious diet.

The social setting in which meals are served shall also be comfortable and engaging between staff and residents.

Social Contact and Activities

The provisions and environment of the CCC matches the residents' expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.

11.1 The routines of daily living and activities made available shall be flexible and varied to suit residents' expectations, preferences and capacities as far as possible.

11.2 Residents shall have the facilities and the opportunity to exercise their choice in relation to:

- leisure and social activities, and cultural interests
- drinks, food and meals; routines of daily living
- personal and social relationships
- religious observance

11.3 Residents' interests shall be recorded and they shall be given regular opportunities for stimulation through leisure and recreational activities in and outside the CCC that suit their needs, preferences and capacities.

11.4 Up-to-date information about social activities shall be planned, discussed and shared with all residents in formats and language according to their capacities.

Programme of activities and events

The CCC offers a structured programme of varied activities and events consistent with the identified needs of individual residents.

12.1 The programme of activities and events shall provide positive outcomes for residents and shall be guided by their identified needs and interests.

12.2 The programme shall include activities that are enjoyable, purposeful, age and culturally appropriate, and takes into account the residents' recreational, cultural, and spiritual needs. It shall promote healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.

12.3 The programme shall include activities associated with special occasions throughout the year. Residents, including those residents who generally stay in their rooms or on each block, shall be given the opportunity to contribute suggestions, and to be involved in the development of the programme of activities.

12.4 The programme of activities shall be displayed in a suitable format and language, and in an appropriate location so that residents, their representatives, and staff know what is scheduled.

12.5 Residents shall be enabled to participate in the programme through the provision of suitable equipment, aids and support from staff or others.

12.6 The duration of each activity and the daily timetable shall take into account the needs and abilities of the residents participating

12.7 The manager of the CCC, and activities coordinator shall monitor the activities to ensure that those delivering or facilitating activities are fully supported, trained and have the necessary skills to do so.

12.8 Care staff shall inform activity workers and day care officers about any changing needs of residents prior to an activity commencing and there shall be a system in place to receive timely feedback.

12.9 A record shall be kept of all activities that take place, the person/s involved in the activity and the names of the residents who participate and outcomes.

12.10 The programme of activities and events shall be reviewed regularly and at agreed times to ensure it meets residents' changing needs.

Community Contact

Residents maintain contact with family/friends/representatives and the local community as and when they wish and in accordance with preferences, choice and capacity.

13.1 Residents will be supported to have visitors at any reasonable time in accordance with visiting hours, and links with the local community are developed and/or maintained in accordance with residents' preferences.

13.2 Residents shall be able to choose at all times or in accordance with capacity, whom they see and do not see.

13.3 Prior to moving into the CCC, relatives, friends and representatives of residents shall be given relevant information about contact, visiting hours and continued involvement at the CCC.

13.4 Involvement by local community groups and/or volunteers shall be in line with residents' preferences.

Autonomy and Choice

Residents are enabled to exercise maximum choice and control over their own personal lives.

14.1 The Children & Adults Social care Directorate and the manager shall operate the CCC so as to maximise residents' capacity to exercise personal autonomy and choice.

14.2 Residents shall manage their own financial affairs for as long as they wish to, are able to, and have the capacity to do so.

14.3 Residents and/or their representatives shall be given access to information on how to obtain independent legal advice regarding the assessment of mental capacity, the appointment of a representative, the preparation of a will, and funeral insurance,

14.4 Residents shall be entitled to bring personal possessions to the CCC; where possible, the extent of which will be agreed in writing prior to admission. They shall also be offered a lockable drawer, cupboard or receptacle for the safekeeping of money and valuables. The extra keys of which will be kept by the manager securely and only utilised if the resident's original keys are misplaced and such use documented accordingly.

14.5 Residents shall be entitled to access their personal records, in accordance with Saint Helena Government's published guidance.

14.6 Residents or their legally-appointed representative shall play a key role in their initial and subsequent care plan, and their decisions shall be respected except in certain circumstances according to the individual's assessed mental capacity.

Meals and Mealtimes

Residents receive a wholesome, appealing, balanced, varied and adequate diet in pleasant surroundings.

15.1 The manager and catering team shall ensure that all residents receive a varied, appealing, wholesome and nutritious diet, which is suited to individually assessed and recorded requirements. Meals shall be served in pleasant and comfortable surroundings, and with prior agreement on reasonably flexible times according to need.

15.2 Each resident shall be offered three full meals per day at intervals of not more than five hours. The manager shall ensure that menus are drawn up by staff and where necessary, professionals such as the dietician and speech and language therapist. Menus should offer choice, seasonal foods including fresh fish, vegetables, fresh fruit and salads.

15.3 Hot and cold drinks shall be available at all times and offered regularly during hot and cold spells. Healthy snacks must be available at all times during the day. A snack meal shall be offered in the evening and the interval between this and breakfast the following morning shall be no more than 12 hours.

15.4 All food shall be presented in a manner that is attractive and appealing in terms of texture, flavour, aroma and appearance, in order to maintain appetite and nutrition. Consideration shall be made to include typical, traditional St Helenian food regularly without overlooking other cultural tastes. All cooked meals shall be served at the correct temperature.

15.5 Special therapeutic diets/feeds shall be provided when advised by healthcare and dietetic staff.

15.6 Religious or cultural dietary needs shall be catered for as agreed on admission and recorded in the care plan and accessible to all staff.

15.7 The manager shall ensure that the menu for all meals is changed at agreed intervals and is suited to the capacity and dietary requirements of all residents, and is made available to residents and their families/representatives on request.

15.8 The manager shall ensure that mealtimes are unhurried with all residents being given sufficient time to eat their food comfortably.

15.9 Staff shall be ready to offer assistance in eating where necessary, discreetly, sensitively and individually, while independent eating is encouraged for as long as possible. If there are feeding difficulties due to physical or other restrictions, appropriate consultation with an Occupational Therapist and/or Speech and Language therapist shall be sought.

15.10 The manager shall ensure that all food is handled according to the Environmental Health department requirements.

CHAPTER 4 - Complaints and Protection

Introduction

This section addresses the matter of how residents and/or their relatives and representatives can make complaints about anything that goes on at the CCC, both in terms of the treatment and care provided by staff and/or the facilities that are available. It deals with complaints procedures at the CCC relating to matters between the resident and the manager. Complaints may also be made directly to the Saint Helena Government in accordance with corporate processes.

It is important to remember that many older people do not like to complain – whether due to difficulty in communicating effectively, embarrassment, fear of being victimised or other valid reasons. The Director, Children & Adults Social care Directorate and the Assistant Director shall ensure the manager promotes an open culture in the home which enables all the residents, their families, friends and representatives and the staff to feel confident about making suggestions and complaints where appropriate without any fear of victimisation.

Complaints and Protection

16.5 The manager shall undertake to encourage an open culture where residents feel free to make suggestions and complaints without any fear of retribution.

Standard 16 Complaints

OUTCOME:

All residents and their relatives, friends and representatives are confident that their complaints will be listened to, taken seriously and acted upon and that they will be treated confidentially if so requested.

16.1 The manager shall ensure that there is a simple, clear and accessible complaints procedure which includes the stages and timescales for the process, and that complaints are dealt with promptly, effectively and confidentially if so requested and that all records are kept accordingly. Every effort shall be made by the manager to ensure complaints are resolved promptly and in-house.

16.2 The manager shall ensure that the CCC has a complaints procedure which specifies how complaints may be made and who will deal with them, with an assurance that they will be responded to in a timely manner.

16.3 A record shall be kept of all complaints made and shall include details of investigations, any action taken and outcomes.

16.4 The manager shall provide residents with information on how to submit complaints to the Saint Helena Government.

Complaints and Protection

Standard 17 - Rights

OUTCOME:

All residents' legal rights are fully protected.

17.1 All residents shall have their legal rights protected, shall be enabled to exercise their legal rights directly and participate in civic processes if they wish.

17.2 Where residents lack capacity, their appointed representative and the manager of the CCC shall ensure the provision of appropriate advocacy services.

17.3 Residents' rights to participate in the political process shall be upheld, for example, by enabling them to vote in elections.

Complaints and Protection

Standard 18 Protection

OUTCOME:

All residents are fully protected from abuse.

18.1 The manager and all staff regardless of role and responsibilities shall ensure that all residents are safeguarded from: physical, financial, emotional or sexual abuse, and from neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, whether through deliberate intent, negligence or ignorance, in accordance with written policies and procedures.

18.2 Robust procedures for responding to suspicion or evidence of abuse or neglect (including whistle blowing) must be followed to ensure the safety and protection of all residents. The implementation of these procedures shall enable the residents, close relatives and/or legal representatives to pass on concerns to the directorate or Children & Adults Social care Directorate agencies such as the Police on a confidential basis in accordance with legislation.

18.3 All allegations and incidents of abuse shall be acted on promptly by management or the Children & Adults Social care Directorate agencies and the measures taken shall be recorded on Azuz.

18.4 The senior leadership team and/or the manager shall act upon any new information about staff found to be unsuitable to work within the directorate or with vulnerable people in a timely manner.

18.5 The policies and practices of the CCC shall ensure that physical and/or verbal aggression by residents is understood and dealt with appropriately, and that physical intervention is used only as a last resort and in accordance with any approved restraint policy.

18.6 The home's policies and practices regarding residents' money and financial affairs shall ensure residents' access to their personal financial records, safe storage of money and valuables, and consultation on finances in private. Staff must not involve themselves in assisting in the making of or benefiting from residents' wills.

Complaints and Protection

(insert details re local complaint procedures)

CHAPTER 5- Environment

Introduction to Standards 19 to 26

The CCC shall be maintained in such a way that the living space suits all residents' needs. The CCC shall provide single accommodation with easy access to showers, baths and toilets. Staff must ensure that residents' safety is not compromised when accessing bathing, showering or toilet facilities.

Any arrangements for residents occupying twin bedrooms shall be discussed with residents and/or their legal representatives and documented on care plans. Where appropriate, risk assessments shall be completed to determine residents' safety and comfort if sharing a twin room.

The manager and all staff must ensure that the CCC provides a homely environment – rather than an institutional setting. It must always be well maintained, tidy, and attractive and clean (in line with environmental health requirements).

Standard 19 Premises

OUTCOME:

Residents live in a safe, well-maintained environment.

19.1 The layout of the CCC (including its grounds) shall be maintained for its stated purpose; it shall be accessible, safe and well-maintained; meet residents' individual and collective needs in a comfortable and homely way. The manager and all staff shall ensure that the day-to-day running of the CCC is compliant with relevant legal guidance and legislation. This includes fire safety, health and safety and health-related guidance.

19.2 A programme of routine maintenance and renewal of the fabric and decoration of the premises shall be implemented with records kept and monitored periodically by the manager.

19.3 Where necessary, health and safety risk assessments shall be carried out by a competent person(s), with documented proof of regular review.

19.6 The use of cameras or any form of surveillance including CCTV will be approved by the Director, Children & Adults Social care Directorate and in accordance with legal advice as deemed necessary. The use of cameras or surveillance including CCTV shall be restricted to entrance areas, and passage ways, for security purposes only and do not intrude on the daily life of residents. However, residents or their representatives may specifically request a camera in their rooms for safety or communication reasons as long as this does not compromise the privacy of other residents. In such instances, the Director, Children & Adults Social care Directorate will consider any such requests with the necessary documentation.

Standard 20 Shared Facilities

OUTCOME:

Residents have access to safe and comfortable indoor and outdoor communal facilities.

20 The CCC shall provide indoor sitting, recreational and dining space (indoor communal space) apart from residents' private accommodation, which is maintained and homely in appearance.

20.1 Indoor communal space shall be available which includes:

- rooms in which a variety of social, cultural and religious activities can take place, and where residents can meet visitors in private;

- dining room(s) to cater comfortably for all residents;
- smoke-free sitting rooms

20.2 There shall be outdoor space for residents, with seating and designed to meet the needs of all residents including those with physical, sensory and cognitive impairments, and which shall conform to the local accessibility and safety guidelines.

20.3 Where possible, lighting in communal rooms shall be domestic in character. Lighting levels shall be sufficient to maximise residents' safety, and positioned to facilitate reading and other activities.

20.4 Furnishings of communal rooms shall be domestic in character and of good quality, and suitable for the range of interests and activities preferred by residents.

Standard 21 Toilets and Washing Facilities

OUTCOME:

Residents have sufficient and suitable toilets and washing facilities.

21.1 Toilet, washing and bathing facilities shall be provided to meet the needs of all residents and shall conform to local safety guidelines.

21.2 There shall be accessible toilets for residents, clearly marked, and close to lounge and dining areas.

21.3 The manager of the CCC shall ensure that all staff adhere to procedures regarding resident's privacy, dignity and safety when accessing toilet and washing facilities

21.4 All staff shall ensure that toilet and washing facilities are left in a clean, hygienic and presentable state after each use; these facilities should be checked regularly throughout the day and immediate action taken to ensure hygiene and infection control standards are maintained at all times.

Standard 22 Adaptations and Equipment

OUTCOME:

The independence of residents is maximised through the use of specialist equipment.

22.1 The manager of the CCC shall demonstrate that an assessment of the premises and facilities has been made by a suitably qualified and/or experienced person(s) such as an occupational therapist, and shall provide evidence that the recommended equipment has been provided and the facilities are accessible to all. The manager shall also ensure that any further environmental adaptations are made to meet residents' needs.

22.2 The manager of the CCC shall arrange for aids, hoists and assisted toilets and baths to be periodically assessed by a suitable practitioner for safety reasons, and ensuring that residents' assessed needs are being met.

22.3 Facilities, including communication aids, and signs shall be provided to meet the needs of all residents, for example, those with hearing impairment, visual impairment, dual sensory impairments, learning disabilities or dementia or other cognitive impairment, where necessary.

23.4 Appropriate storage areas shall be provided for aids and equipment, including wheelchairs and hoists.

23.5 Call systems with an accessible alarm facility shall be provided in every room.

Standard 24 Individual Accommodation: Furniture and Fittings

OUTCOME:

Residents live in safe, comfortable bedrooms with their own possessions around them.

24.1 The CCC shall provide private accommodation for each resident which is furnished and equipped to assure comfort and privacy, and meets the assessed needs of the resident.

24.2 In the absence of residents' own provision, furnishings for individual rooms shall be provided to the minimum as follows:

- a clean comfortable bed at a suitable, safe height for the resident, and bed linen
- curtains or blinds
- mirror
- overhead and accessible bedside lighting
- a call system/ buzzer
- comfortable seating for one or two people
- drawers and enclosed space for hanging clothes
- at least 2 accessible double electric sockets
- a bed-side table
- TV, telephone and Internet sockets shall be made on request of the resident

24.3 Adjustable beds and special mattresses shall be provided for residents receiving nursing care.

24.4 All residents' room shall have suitable hygienic flooring.

24.5 Where appropriate, doors to residents' private accommodation shall be fitted with locks suited to residents' capabilities and accessible to staff in emergencies.

24.6 Where bedroom doors are lockable, residents shall be provided with keys unless their risk assessment suggests otherwise.

24.7 Each resident shall have lockable storage space for medication, money and valuables and shall be provided with the key, which the resident or a person of trust authorised by the resident can retain (unless the reason for not doing so is explained in the care plan).

Standard 25 Services: Heating and Lighting

OUTCOME:

Residents live in safe, comfortable surroundings.

25.1 The temperature, lighting, water supply and ventilation of residents' accommodation shall meet the relevant environmental health and safety requirements and the needs of each individual resident.

25.6 Rooms shall be individually and naturally ventilated ensuring that windows are safe and free from hazards at all times.

25.7 Lighting in residents' accommodation shall be sufficient to maximise residents' safety.

25.8 Emergency lighting shall be provided throughout the CCC.

25.9 The CCC shall be serviced by a generator that shall provide uninterrupted power supply for a period of not less than 8 hours which shall be sufficient to provide uninterrupted running of lighting, environmental control and essential services.

25.10 Water shall be stored at a temperature to prevent risks from Legionella, to prevent risks from scalding, pre-set valves of a type unaffected by changes in water pressure and which have failsafe devices shall be fitted locally to provide water close to 43 degrees Celsius. (Discussed with property services)

Standard 26 Services: Hygiene and Control of Infection

OUTCOME:

The CCC is clean, pleasant and hygienic.

26.1 The premises shall be kept clean, hygienic and free from offensive odours throughout and systems shall be in place to control the spread of infection, in accordance with relevant legislation and published professional guidance.

26.2 Provisions are made to ensure that soiled articles, clothing and infected linen are not carried through areas where food is stored, prepared, cooked or eaten and do not intrude on residents.

26.3 Hand-washing and hand-drying facilities shall be prominently sited in food handling areas, and areas where infected material and/or clinical waste are being handled.

26.4 Policies and procedures shall be in place for control of infection including the safe handling and disposal of clinical waste; dealing with spillages; provision of protective clothing; hand washing. The manager of the CCC shall provide documented proof that relevant policies and procedures are in place in this regard.

26.6 The CCC shall have sluicing facilities and a sluicing disinfectant.

26.7 The manager of the CCC shall ensure that the privately-run laundry service washes soiled laundry at appropriate temperatures (minimum 65°C for not less than 10 minutes) to thoroughly clean linen and control risk of infection.

26.8 The manager of the CCC will ensure that the privately-run laundry service has washing machines with specified programming to meet disinfection standards.

CHAPTER 6- Staffing

Introduction

In determining appropriate staffing of the CCC, the manager shall ensure that staffing levels and skills mix are adequate to meet the assessed and recorded needs of the residents at all times.

This section, therefore, sets out baseline practice standards which should apply as a minimum at the CCC. Senior management along with the manager of the CCC will determine appropriate staffing levels and skills to meet the assessed needs of the residents at all times.

Standard 27 – Staff Complement

OUTCOME:

All residents' needs are met at all times by the number and skills mix of staff.

27.1 Staffing numbers and skill mix of qualified/unqualified staff shall at all times be appropriate to the assessed needs of all the residents, and purpose of the CCC, at all times.

27.2 A recorded staff rota showing which staff are on duty at any time during the day and night and in what capacity shall be kept and approved by the manager of the CCC prior to implementation.

27.3 The ratios of care staff to residents shall be determined according to the assessed needs of residents, to properly identify all residents' care needs and appropriate staffing levels.

27.4 On admission and following any change in the dependency of any one resident, the ratio of care staff to residents shall be altered accordingly.

27.6 If necessary, the manager of the CCC shall ensure that additional staff are on duty at peak times of activity during the day.

27.7 There shall be waking night staff on duty in numbers that reflect the numbers and needs of residents and the layout of the CCC.

27.8 Staff providing personal care to residents shall be at least aged 18; staff left in charge of the CCC shall be at least aged 21 and shall have the required qualifications and/or relevant experience.

27.9 Staff shall be employed in sufficient numbers to ensure that standards relating to food, meals and nutrition are fully met, and that the CCC is maintained in a clean and hygienic state, free from dirt and unpleasant odours.

27.10 The manager of the CCC shall ensure each resident has a social care officer assigned and that this social care officer is responsible for the initial care plan, and notified of any significant reviews and revisions to the plan.

Standard 28 Qualifications

OUTCOME:

Residents are in safe hands and adequately cared for at all times.

8.1 The manager of the CCC shall ensure that all care staff are supported in the following: completing a full induction, supported through their induction period, facilitates ongoing formal supervisions and appraisals, and supports staff in achieving the required training in accordance with the job profile and specification.

Standard 29 - Recruitment

OUTCOME:

Residents are supported and protected by St Helena Government's written recruitment policy and practices.

29.1 The manager of the CCC, along with the human resources officer, Children & Adults Social Care Directorate shall operate a thorough, documented and transparent recruitment procedure based on equal opportunities and shall ensure the protection of residents at all times.

29.2 At least two written references shall be obtained before appointing a member of staff, and any gaps in employment records shall be investigated. Suitability checks shall also be taken up for staff qualifying for a transfer to the CCC from other St Helena Government directorates.

29.3 New staff members shall be confirmed in their posts only following the submission of a clean Police Conduct Certificate.

29.4 Staff shall be employed in accordance with the code of management, professional conduct policy, and all other relevant recruitment guidelines.

29.5 All employees shall receive a contract of employment and job description. A copy of the code of management and professional conduct policy shall be accessible to all staff of the CCC at all times.

29.6 The recruitment and selection process for any volunteers involved in the CCC shall be thorough and include police checks.

Standard 30 Staff Training

OUTCOME:

All staff are trained and competent to do their jobs.

30.1 The manager of the CCC shall ensure there is a staff training and development programme to meet the ongoing and changing needs of all the residents.

30.2 All members of staff shall complete their induction training within six weeks of appointment to their posts, including: training on the principles of care, safe working practices, the directorate and employees' role, the experiences and particular needs of the resident group, and the influences and particular requirements of the service setting such as conduct, health and safety requirements, and maintaining professionalism.

30.3 All staff shall receive specialist training including, but not limited to, moving and handling training, fire safety training, and First Aid training, within the first six months of appointment, which equips them to meet the assessed needs of all the residents as defined in their individual care plans.

30.4 All staff shall receive paid days training per year (including in-house training) and/or study leave in accordance with St Helena Government policies and procedures, and have an individual training and development assessment profile.

CHAPTER 7- Management and Administration

Introduction

This section sets out the standards relating to the qualities and qualifications required of the persons in day-to-day control of the delivery of care, and how they should exercise their responsibilities.

Day-to-Day Operations

Residents live at the CCC which is run and managed by a person who is fit to be in charge, of good character and able to discharge their responsibilities fully.

31.1 The manager shall have at least two years' experience in a management capacity; and shall have, or acquires the relevant qualifications in accordance with the job description and specification within the required timescales.

31.2 The manager of the CCC shall be responsible for no more than one establishment within the Children & Adults Social care Directorate unless approved by the Director, Children & Adults Social care Directorate for a specific reason and timescale. Such arrangement shall be monitored closely by the Director, Children & Adults Social care Directorate.

31.3 The manager of the CCC shall demonstrate that they undertake periodic training to update their knowledge, skills and competence, whilst managing the CCC.

31.4 The manager of the CCC and other senior staff shall be familiar with the conditions and/or diseases associated with old age.

31.5 The job description of the CCC manager shall enable them to take responsibility for fulfilling their duties

31.6 There shall be clear lines of accountability demonstrated by the manager of the CCC and monitored by senior management.

31.7 The manager of the CCC shall ensure the responsibilities of all staff members are clearly described and recorded accordingly.

Ethos

Residents benefit from the ethos, leadership and management of the CCC.

32.1 The manager of the CCC shall ensure that their approach creates an open, positive, inclusive and friendly atmosphere.

32.2 The manager of the CCC shall communicate a clear sense of direction and leadership, which staff and residents understand and are able to relate to the aims and purpose of the home.

32.3 The manager of the CCC shall have recorded strategies for enabling staff, residents and other directorates to affect the way in which the service is delivered.

32.4 The processes of managing and running the CCC shall be open and transparent.

32.5 Management planning and practice shall encourage innovation, creativity and development.

32.6 A commitment shall be made to equal opportunities within the Children & Adults Social care Directorate and at the CCC.

32.7 The manager of the CCC shall comply with the code of management and other relevant guidelines relevant to the management of a care home.

32.8 The manager adheres to a pledge generated and reviewed by senior management which includes a charter of commitments to residents regardless of where they live, their needs and wishes, and promoting equal rights to services managed and delivered by the Children & Adults Social Care Directorate.

Quality Assurance

The CCC is run in the best interests of all residents.

33.1 Effective quality assurance and quality monitoring systems, based on seeking the views of residents, their representatives and family members shall be in place to measure success in meeting the aims, objectives and statement of purpose of the home. Records shall be kept accordingly.

33.2 There shall be an annual development plan for the CCC, based on a systematic cycle of planning - action - review, reflecting aims and outcomes for residents.

33.3 There shall be continuous self-monitoring and evaluation, using an objective method involving residents; and an internal audit shall take place at least annually.

33.4 The results of any resident surveys or discussions with residents, and of any audits shall be published and made available to current and prospective residents, their representatives and other interested parties, including senior management and elected members.

33.5 Feedback shall be regularly sought from individual residents and through group discussion, and at least yearly through user satisfaction questionnaires (written or oral). Confidentiality and anonymity shall be adhered to whenever so requested. Where necessary, the manager of the CCC shall arrange for the most appropriate form of communication to engage with residents.

33.6 The views of family and friends and of stakeholders in the community (i.e. doctors, occupational therapists, voluntary organisation staff involved with the CCC) shall be regularly sought on how the CCC is achieving goals for residents and shall be recorded and used accordingly. Confidentiality and anonymity shall be adhered to whenever so requested.

33.8 Policies, procedures and practices shall be regularly reviewed in light of changing legislative guidance and residents' needs.

Financial Procedures

Residents are safeguarded by the accounting and financial procedures of the CCC.

34.1 Suitable accounting, auditing and financial procedures shall be adopted to demonstrate current financial viability and to ensure there is effective and efficient management of the CCC.

34.2 Records shall be kept of all transactions entered into by the manager of the CCC.

34.3 There shall be a business and financial plan for the CCC, accessible for periodic review as instructed by the Director, Children & Adults Social Care Directorate, and reviewed annually.

Residents' Money

Residents' financial interests are safeguarded.

35.1 The manager of the CCC shall ensure that where possible, residents control their own money and valuables such as jewellery except where they state that they do not wish to, or they have been formally found (according to local legislation) to lack the mental capacity to manage their finances. Legal safeguards shall be in place to protect the interests of the residents. These safeguards shall be approved by St Helena Government and the Director, Children & Adults Social Care Directorate. The manager of the CCC shall ensure that these are known to all staff and the consequences of any breaches or mishandling of residents finances and assets.

35.2 (a) As a general rule, it is the responsibility of the resident or their family to look after the resident's finances. The manager of the CCC may decline to hold monies on behalf of a resident if families, or others significant to the resident are in a position to do so. The manager and staff cannot accept liability for finances which residents choose to keep in their possession or consent to others to hold for safekeeping outside of the CCC (This is dependent on the resident's mental capacity to make such decisions).

35.2 (b) Where the manager of the CCC agrees to hold finances on behalf of a resident, this must be detailed in a social care assessment, with clear reasons for doing so. Written records of all transactions shall be maintained and available for examination upon request by persons authorised by the Director, Children & Adults Social Care Directorate to make such requests. The maximum of £10.00 will be kept at the CCC for each resident at any one time.

35.3 Where the money of individual residents is handled, the manager of the CCC shall ensure that individual finances are not pooled and appropriate records and receipts are kept.

35.4 The manager of the CCC shall implement and monitor practices regarding residents' money and financial affairs, ensuring the following:

- Residents have access to their personal financial records
- Make provision for the safe storage of money and valuables
- Make adequate and appropriate arrangements for consultation on residents' finances
- Provide adequate privacy when residents want to consult someone on financial matters, and preclude staff involvement in and assisting in the making of or benefiting from service users' wills.
- Any request for the appointment of a Lasting Power of Attorney or Deputy has to be made in line with the applicable local legislation (Mental health and mental capacity ordinance 2015)

35.5 Secure facilities shall be provided for the safekeeping of money and valuables on behalf of all the residents.

35.6 If there is any suspected financial abuse then a safeguarding referral must be made to the adult support team.

35.7 A financial assessment should be made with the resident and or their family/significant others prior to admission or within 72 hours following admission. Large sums of money must not be brought into the CCC. Residents with funds exceeding ten pounds will be advised to arrange for these funds to be deposited into a bank account or make other arrangements

35.8 Residents choosing to keep their own money will be provided with a lockable drawer or lockable (secure) receptacle for the safekeeping of their finances. The Children & Adult Social care Directorate will be responsible for the provision of a lockable drawer or receptacle for residents who have the capacity to manage their own finances

35.9 If there are concerns that a resident is not receiving their financial entitlement, the manager of the CCC should refer the matter to the adult support team or the benefits office.

Staff Supervision

Staff are appropriately and adequately supervised. All staff shall be supervised as part of the normal management process on a continuous basis.

36.1 The manager of the CCC shall ensure that the employment policies and procedures imposed by the St Helena Government including induction, training, and supervision arrangements are put into practice as required.

The manager of the CCC shall ensure that all staff receive formal and recorded supervision at six-weekly intervals as a minimum. Additional meetings should be convened at other times when

necessary. The manager and delegated staff undertaking formal supervisions must attend the necessary training and demonstrate the necessary skills and competencies to perform these duties.

36.2 The manager of the CCC shall ensure a performance plan for all staff is in place against which a performance appraisal shall be conducted twice yearly; mid and end of year.

36.3 The performance plan shall include supervision that covers all aspects of related practice, conduct, engagement with residents, relationships with management, colleagues, and significant others, understanding and application of role and responsibilities and career development needs

36.4 Volunteers shall receive training, supervision and support appropriate to their role and shall not replace paid staff.

Standard 37 Record Keeping

OUTCOME:

Residents' rights and best interests are safeguarded by the home's record keeping policies and procedures.

37.1 Records required by law for the protection of residents and for the effective and efficient running of the CCC shall be maintained, up to date and accurate.

37.2 Residents and their representatives shall have access to their records and information about them held by the CCC, as well as opportunities to help maintain their personal records. Access to records will be considered in accordance with St Helena Government guidelines and access rights.

37.3 Individual records and CCC day-to-day operation records shall be secure, up to date and in good order; and shall be constructed, maintained and used in accordance with St Helena Government guidelines and associated statutory requirements.

Standard 38 Safe Working Practices

OUTCOME:

The health, safety and welfare of all residents and staff are promoted and protected at all times.

38.1 The manager of the CCC shall ensure so far as is reasonably practicable the health, safety, and welfare of all residents and staff.

38.2 The manager of the CCC shall ensure safe working practices including:

- moving and handling: use of techniques for moving people and objects that avoid injury to residents or staff;
- fire safety: understanding and implementation of appropriate fire procedures;
- first aid: knowledge of how to deal with accidents and health emergencies; provision of a first aid box and a qualified first aider at all times; and recording of all cases;