|  |  |
| --- | --- |
| North West Minimum Standards for Unregulated Supported and Independent Living Services for 16-18 year olds  Placements North West Monitoring Report for SaILS 2020 Contract  FLOATING SUPPORT ONLY | |
| Name of organisation: |  |
| Address: |  |
| Postcode: |  |
| Date of Desktop Review: |  |
| Date of Completed Assessment: |  |
| Date of Last Visit:  Type:  Outcome: |  |
| Undertaken by: |  |

ITT Documents check

|  |  |
| --- | --- |
| Policy and Procedures Checklist |  |
| PSC/Manager’s/SL Qualifications checklist |  |

Background information to be completed by **PNW at Pre-Assessment Introductory call** and/or **Telephone follow up Call** to the Desk Top Review report.

|  |  |
| --- | --- |
| Attending: |  |
| Brief description/update on Company history |  |
| Type of provision | Floating Support |
| No and type of staff in provision |  |
| No of Care Leavers that can be supported at any one time |  |
| No of care leavers currently being supported at time of visit |  |
| **NW Purchasing System Round** |  |
| Number of properties | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| Office arrangements |  |

Staffing Checklist (Latest staff since previous visitor % check of current staff at first visit, where staff recruited at time of first visit)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Role:  Ops/ Mgt | Application form date | DBS Date | Start Date | 2 written refs & validation | Evidence of Qualifications | ‘Why did previous employment end?’ recorded | Full employment history recorded | Right to Work in UK | ID | Interview records | Comments |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | After the desk top review, sample check of staff recruitment files to be done at telephone follow up call.  Recruitment records for 2 most recently recruited staff will need to be available to check via video or other media source. | | |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- |
| Standard 1 SAFER RECRUITMENT | | | | | |
|  | Subject area | PASS | | FAIL | Monitoring Officer comments and Provider response |
| **1 .1** | Up to date safer recruitment policy in place (including statement on advertising arrangements in line with equal opportunity good practice)  The policy must include (but is not limited to):   * Where Bank/Agency staff are used there is a clear process for ensuring the agency has undertaken safer recruitment commensurate with the Minimum Standards. * The key selection criteria for the post or role should be identified. * Obtain at least 2 specific written references (not ‘to whom it may concern’), one of which should be most recent employer or latest care employer, and that includes a statement of referee’s opinion of suitability of applicant to work with vulnerable young people. * Process for verifying references. * Verify previous employment history; * DBS disclosure (maintain sensitive and confidential use of the applicant’s disclosure in accordance with DBS Code of Practice); * Process for disregarding disclosures; * Process for refusing employment on grounds of unspent convictions. * All pre-employment checks completed (a current/updated DBS check) prior to applicant commencing employment. The checklist should include: * Relevant qualifications check; * References check; * ID checks (including Right to work in UK): DBS checks * Application forms should be used in the interview process. * Variety of selection techniques used. * Record of interview * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  Application form to be checked.  After the desk top review, sample check of staff recruitment files to be done at telephone follow up call.  Recruitment records for 2 most recently recruited staff will need to be available to check via video or other media source. |
| **1.1a** | Where volunteers are used, either the Safer Recruitment Policy should include reference to this, or there is a separate Volunteer policy that includes the same recruitment processes. |  | |  | Desk Top Review:  Provider response: |
| **1.1b** | YP should be actively involved in the recruitment process. This must be reflected in a relevant policy. |  | |  | **Desk Top Review:**  **Provider response:** |
| **1.2** | There is a formal Probation period and induction process for all staff and volunteers. The induction process should include familiarisation with all policies and procedures. |  | |  | **Desk Top Review:**  **Provider response:** |
| **1.3** | Supervision policy actively implemented with up to date records of individual supervision.  The policy must include (but is not limited to):   * Clear roles and expectations of supervisor and supervisee * Clear indication of what is and is not included in supervisions. * Arrangements for planning and recording supervision meetings. * Regularity of supervisions (expectation is 4-6 weeks) *If supervision is being delivered on a different frequency a clear rational should be articulated.* * Template for recording supervision meetings * Arrangements for directors/senior managers where working directly with YP. * Links into appraisal system * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider action:**  Please provide electronic evidence of up to date records of individual supervision (this may be a photo shot of records showing when supervision has taken place – please do not send named individual records – it is the process of recording not the content that is being assessed.)  **Provider response:** |
| **1.4** | Supervision sessions are planned in advance and they link into an active annual appraisal process.   * Arrangements for planning and recording supervision meetings. * Regularity of supervisions (expectation is 4-6 weeks) * Appraisal arrangements (at least annually) |  | |  | **Desk Top Review:**  **Provider response:** |
| **1.5** | Staff training needs are identified and incorporated into individual and company staff development plans. There is in place an up to date staff training matrix proportionate to the size of the organisation.  Record of training should include a record of all staffs existing qualifications and those planned as part of their continuous professional development.  *The M/SL must have a NVQ Level 4 in a relevant qualification working with vulnerable Young People and have a minimum of 2 years’ experience working with vulnerable Young People.*  *Staff must have or be working towards a NVQ Level 3 relevant qualification working with vulnerable Young People.*  There are written staff training arrangements that include as a minimum:   * Purpose and ethos * Mandatory training arrangements * Links to appraisal policy/arrangements * Arrangements for time off for and any funding of training |  | |  | **Desk Top Review:**  **Provider response:** |
| **1.6** | The organisation uses a variety of tools and/or activities to support staff retention.  These measures should be over and above minimum requirements of induction, supervision, and appraisal. |  | |  | **Provider action:**   * Please describe the variety of tools and actions the company puts in place to develop, support and reward staff. * Please provide a copy of your performance management arrangements.   **Provider response:** |
| **1.7** | There is a clear process/structure in place to ensure consistent staff management and communications where provision and or staff are spread across a wide geographical area. |  | |  | **Provider action:**   * Please indicate how geographically spread are your properties. * Please provide written details of how you ensure that across all x (number of) properties: * Staff are managed in a consistent way; * lines of communications are clear and consistent; * support to young people is consistent and all policies and procedures are implemented in a consistent way.   **Provider response:** |
| **1.8** | There is a forum for staff to discuss good practice, learning, items of concern, and review of policies and procedures. |  | |  | **Provider action:**   * Please provide details of any staff and management meetings held. Please state how regularly these are held, what the purpose of the meetings are and who should attend. * Please provide the most recent copy of records of these meetings   **Provider response:** |
| Standard 2 SAFEGUARDING | | | | | |
| **2.1** | There is a clear Safeguarding Policy in place.  The policy must include (but is not limited to):   * Clear staff roles and responsibilities * Definitions of abuse * Named Safeguarding Lead (within the organisation) * Process for recording child protection incidents * Process for escalating concerns * Child Protection incident report form * Independent route for raising concerns. * Induction/training element * Reference to LADO including up to date contact details. * The organisation has mechanisms to link into relevant Local Area Protocols and staff are made aware of these. * Staff are made aware that there are clear links between policies relating to safeguarding, Child Exploitation and Missing/Absent * Inductions for new staff must include Safeguarding. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.2** | Whistle blowing policy is readily available for all staff and is covered as part of the induction process.  The policy must include (but is not limited to):   * Purpose of policy * Policy covered in induction. * Clear procedures for raising concerns. * Details of who and how to raise concerns with within the Organisation. * Independent route for raising concerns outside of the Organisation. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.3** | Anti-Bullying Policy for Staff is readily available for all staff and is covered as part of the induction process.  The policy must include (but is not limited to):   * Purpose of policy * Policy covered in induction. * Definitions of different forms of bullying * Roles and responsibilities of staff/YP * Process for raising concerns. * Formal internal process * External support contacts/organisations * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.4** | Young Person’s Anti -Bullying Policy in place and included in YP Welcome Pack/Guide  The policy must include (but is not limited to):   * Purpose of policy * Policy covered in Welcome Pack. * Definitions of different forms of bullying * Roles and responsibilities of staff/YP * Process for raising concerns. * Formal internal process * External support contacts/organisations * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.5** | There is a robust lone working policy in place where appropriate. (This may be included as part of another policy)  The policy must include (but is not limited to):   * Roles and responsibilities * Training: * employer and employee duties and responsibilities; * different types of lone working; * potential hazards and control measure; * company lone working procedures. * risk assessment process * Links to supervision (where lone working takes up 90% of worker’s duties) * Assessing areas of risk (PETT assessment? – Person, environment, task, and time) * Safe working procedures – systems in place to keep in touch with lone workers. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.6** | There is a staff policy in place on smoking, consumption of alcohol and drugs which prohibits smoking and the consumption of alcohol and or drugs in the presence of young persons. |  | |  | **Provider action:**  This was not requested as part of tender documents, so please can you provide a copy of your policy on this topic.  **Provider response:** |
| **2.7** | YP at risk of Child Exploitation policy in place that includes (but is not limited to):   * Clear links to local area protocols. * Named YP at risk of sexual exploitation champion. * Links to own MfH/Absence policy * Staff are made aware that there are clear links between policies relating to safeguarding, Child Exploitation and Missing/Absent. * Induction/Training element * Other criminal exploitation including: Gang affiliation, Trafficking and slavery, Radicalisation, and extremism. * Process for escalating concerns via an independent route * YP have contact details of external/independent professionals. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.8** | Use of screening tools where an YP is at risk of sexual exploitation. Many authorities/areas have standard documentation which should be used and can be obtained from local safeguarding boards. |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.9** | There must be a process in place for ensuring all properties have a locality risk assessment at point of acquisition and that there is a process for regular review (at least annually). |  | |  | **Desk Top Review:**  **Provider response:** |
| **2.10** | Safeguarding Training should be delivered to appropriate staff in line with the expectations of the relevant Local Safeguarding Board and appropriate records kept including planned refresher training.  Training should also include YP at risk of **child** exploitation awareness training as a minimum. |  | |  | **Provider action:**   * Please provide written confirmation of the minimum level to which you expect your staff to be trained in safeguarding (either at point of recruitment or as part of their initial training), and that this is in line with local Safeguarding Board requirements. * Please provide details of how you ensure refresher training is planned into your training plan/matrix. * Please provide written confirmation that all aspects of Child exploitation are covered in induction.   **Provider response:** |
| **2.11** | Safeguarding Training delivered by a suitably qualified person and a reputable training organisation. Advice can be sought from local Safeguarding Boards. |  | |  | **Provider action:**  Please provide details of who delivers your safeguarding training. Where training is undertaken by a specific trainer/consultant, please provide evidence that they are suitably qualified and experienced.  **Provider response:** |
| Standard 3 HEALTH, SAFETY AND FIRE RISK | | | | | |
| **3.1** | There is a clear Health and Safety policy in place, and must include (but is not limited to):   * Named responsible person. * Clear roles and responsibilities * Induction and ongoing training arrangements for staff (Inductions for new staff must include Health, Safety including Fire Safety and fire risk assessments) * Evacuation/Emergency procedures included. * Arrangements for regular H&S checks (weekly, monthly, and annually) * Process for Annual H&S risk assessment * Process for Annual Fire risk assessment * Fire safety equipment and checks * First Aid * COSHH arrangements\* * Storage of cleaning and other hazardous materials\* * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **3.2** | There is a clear policy/procedure on Fire Risk Assessments that identifies roles and responsibilities |  | |  | **Desk Top Review:**  **Provider response:** |
| **3.3** | Policies must indicate what to do in an emergency/evacuation. |  | |  | **Desk Top Review:**  **Provider response:** |
| **3.4** | To undertake and maintain an annual property health and safety/ property risk assessment on YP accommodation. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider and * Is there an expectation to monitor compliance with tenancy agreement? |
| **3.5** | To undertake and maintain an up to date annual fire risk assessment on YP accommodation. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider |
| **3.6** | Young people have contact details for emergency, non‐critical situations, and repairs. (This may also be covered in 6.4 YP Welcome Pack, depending on type of provision.) |  | |  | **Desk Top Review:**  **Provider action:**  Please provide details of how YP are provided with these details and/or confirm that staff are at the property at all times and YP are advised to alert staff to any emergencies and repairs.  **Provider response:** |
| **3.7** | Accommodation should provide fire safety equipment. The assessment must clearly identify any reason for not providing safety equipment. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider |
| **3.8** | Properties to have smoke alarms and carbon monoxide alarms. If this equipment is not fitted the fire risk assessment must be explicit with the reasons as to why they are not fitted. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider |
| **3.9** | There are regular up to date checks in place (daily, weekly, monthly, quarterly etc) for the following:   * Regular H&S checks (accommodation) * Log of repairs for each property * Fire safety and equipment checks.   There are clear monitoring arrangements to ensure these checks are being carried out.  Advice received from external agencies that effects H&S and fire safety arrangements and type of equipment provided in YP properties should be recorded centrally. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider |
| **3.10** | There is a behaviour Management policy (or equivalent) in place that clearly states the organisation’s policy on physical or non-physical intervention.  ***NB: Where physical intervention is permitted this can be a signifier of Care rather than Support, and so must have been clarified with OFSTED as it may mean the provision requires Regulation.***  The policy should include (but is not limited to):   * Clear statement of intent * Clear de-escalation process for managing aggressive situations/people. * Training for staff in de-escalation techniques * Clear last resort statement. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **3.11** | There is policy in place that covers administration of medicines that can include a ‘non‐dispensing policy’.  ***NB: If young people are not in full control of their medication this can be a signifier of care rather than support and therefore must have been clarified with OFSTED as it may mean your service requires regulation.***  The policy should include (but is not limited to):   * Clear statement of Intent * Clear boundaries for staff on level of support to YP to take own medication. * Arrangements for safe storage of medication * Signposting YP to other agencies for support * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **3.12** | There is a process in place to ensure that when selecting properties for young people they are safe and appropriate e.g.:   * Design and size is in keeping with purpose of supporting young people. * Lay out of property can accommodate separate sleeping facilities for staff (if applicable) * Bath/shower rooms and toilets are sited and designed to take into account the number of residents, and privacy and dignity of the young people. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE, but**   * Check and comment on relationship between provider with accommodation provider |
| Standard 4 BUILDINGS REGULATIONS/REQUIREMENTS | | | | | |
| **4.1** | A House of Multi‐Occupancy licence (where deemed required by either the national guidelines or an additional, LA specific, requirement) is in place. |  |  | | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **4.2** | Planning permission for the home has been obtained as appropriate (where this is required as part of setting up the provision). |  |  | | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **4.3** | Providers (whether actual landlord or leasing property from a private landlord) can demonstrate an awareness of the Housing Health and Safety Rating System (HHSRS) |  |  | | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **4.4** | Where the provider rents the property, there is a tenancy agreement in place. This should identify who has overall responsibility for H&S, utilities, and other service/ building checks. |  |  | | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **4.5** | The YP property/accommodation is kept to a suitable standard of repair and cleanliness of accommodation.  **For Floating Support only:**  There is in place mechanisms for checking that accommodation has essential equipment and services in working order e.g. cooker, fridge, heating, lighting, and water.  Young people are supported in keeping their accommodation clean and tidy |  | |  | **Provider action:**   * Please provide written details of how you ensure you encourage the YP to keep the property clean and in good repair. * Please provide photographs of the condition of the property including one young person’s room (with their permission) * Please provide written details of how you ensure:   The accommodation has essential equipment and that services are in working order e.g. cooker, fridge, heating, lighting, and water.  **Provider response:** |
| **4.6** | There is an up to date Gas Safety Certificate(s) in place (where appropriate) for each property. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE but:**   * Check and comment on relationship between provider with accommodation provider.   Is there an expectation to monitor compliance with tenancy agreement? |
| **4.7** | There is an up to date Electrical Installation Certificate in place for each property.  All electrical equipment supplied in the home is PAT tested and up to date. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE but:**   * Check and comment on relationship between provider with accommodation provider.   Is there an expectation to monitor compliance with tenancy agreement? |
| Standard 5 DELIVERED SUPPORT TO YOUNG PEOPLE | | | | | |
| **5.1** | There is a clear process in place for recording and monitoring the support offered and provided to Young People |  | |  | **Desk Top Review:**  **Provider action:**  Please provide an overview of what records are kept in a YP file.  Please provide an overview of how managers ensure that staff are completing the records and what sort of quality assurance mechanisms are in place to ensure records are up to date, provide consistent information and are easily accessible to staff who need to access them.  **Provider response:** |
| **5.2** | There is an up to date Pathway plan in place that links into the Working towards Independence programme and includes regular reviews.  Where pathway plan is not made available from Local Authority, contingency arrangements are in place to develop one. |  | |  | **Desk Top Review:**  **Provider response:** |
| **5.3** | There is a formal working towards independence programme in place for each YP that is appropriate to their needs and aspirations. |  | |  | **Desk Top Review:**  **Provider response:** |
| **5.4** | Support to Young People includes promoting healthy relationships (e.g. – positive role models/mentoring, promoting emotional resilience/control over life. |  | |  | **Provider action:**  Please provide specific examples of worksheets/programmes used to promote healthy relationships with young people.  **Provider response:** |
| **5.5** | The provider has access to a range of specialist agencies/partners to support individual YP needs and ensures young people can access them easily. |  | |  | **Provider action:**  Please provide details of the various agencies/partners you work with to support YP during their time with you, and how you make the information available to young people. |
| **5.6** | There are mechanisms in place to facilitate sustainable accommodation for service users post 18 which include how YP are engaged with stakeholders, links to Housing Associations, managing Young People’s expectations. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **5.7** | There are processes in place to listen to and act upon the young people’s feedback/views when reviewing how the service is delivered and in quality assurance work. |  | |  | **Provider action**  Please provide details of processes in place (either formally or informally) to listen and act upon YP views/feedback.  How does YP feedback feed into the review of your Service and how is any feedback in relation to staff dealt with?  **Provider response** |
| **5.8** | The organisation uses constructive feedback from individual young people relating to staff in an appropriate way in one to one staff supervisions and performance reviews. |  | |  |  |
| Standard 6 QUALITY ASSURANCE AND MONITORING | | | | | |
| **6.1** | Young People should have an individual Risk assessment that is reviewed and updated. The assessment should include risk factors relating to:   * YP behaviour to others and/or to damage to property/equipment etc. * Missing from Home; \* * YP at Risk of Sexual Exploitation\*   (\*if not included, then submit details of separate risk assessment for these areas)  There is a mechanism in place for young people to acknowledge their understanding of and agreement to the assessment. (I.e. young people have the opportunity to comment on and sign their risk assessment as part of the regular review) |  | |  | **Desk Top Review:**  **Provider response:** |
| **6.2** | There is a Missing from Home policy in place that includes general timescales for Missing and makes clear that any variations specifically tailored to individual young people override those general timescales.  This policy must also include (but is not limited to):   * Clear staff roles and responsibilities * Clear definitions of Missing/absent * Links to individual Missing risk assessment process and review mechanism that includes timescales for when Missing notification is made, who to contact, links to CSE risk assessment where applicable. * Escalation process * Process for managing YP return which includes YP aware of and has access to Children’s Rights and Advocacy support, and YP acknowledges any revised arrangements following their return. * Template for recording Managing YP return. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE**  However need to check what processes are in place to follow up whereabouts of service user if no contact has been made after a specified period of time. |
| **6.2a** | The organisation has mechanisms to link into relevant Local Area protocols and staff are aware of these. |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **6.2b** | The organisation has mechanisms in place to ensure staff are made aware there are clear links between the Missing policy and policies relating to safeguarding and Child Exploitation |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **6.3** | All Young People should receive and sign up to a Young Peoples’ behaviour agreement/tenancy agreement/house rules that is clear on the sanctions that inappropriate behaviour will incur and indicates areas of property open to them (if applicable) |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **6.4** | All young people receive a welcome pack/young person’s guide on taking up the placement/accommodation.  The pack must include (but is not limited to):   * Positive welcome to the provision * User friendly explanation of services and support available. * Expectations (of Organisation to YP, and YP of Provider) * House Rules, including sanctions. * Anti-Bullying procedures * Safeguarding overview - user friendly statement on their commitment to safeguarding YP at placement * H&S/Fire Safety explained - E.g.: helpful tips around H&S and fire prevention in the house, including evacuation procedure, smoking rules, general info. * Complaints * House communal facilities * Local amenities including health and cultural. * Emergency services contacts * Out of Hours contacts * Useful contacts (including local support agencies) |  | |  | **Desk Top Review:**  **Provider action:**  Due to current Covid 19 restrictions which means a site visit is not possible, please provide a copy of the Welcome Pack in its entirety.  **Provider response:** |
| **6.5** | There is a Complaints policy in place that explains how YP, external organisations and individuals can make a complaint.  The policy must include (but is not limited to):   * Clear roles and responsibilities * Complaints procedure is given to YP on admission. * Process for raising concerns informally. * Process for formal complaint for YP * User friendly YP Complaints form * Process for formal complaints from external Organisation and individuals * Process for recording and managing complaints (complaints log) * Independent route for YP to raise concerns. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **6.6** | There are appropriate Information Governance arrangements in place including:   * Up to date ICO Registration certificate (certificate Number and expiry date)   Data Protection policy that includes appropriate collection, sharing and training elements.  The policy should also include (but is not limited to):   * Purpose of data processing * Roles and responsibilities * Record Keeping * Physical security * Data sharing * Contracts i.e.:   + *Controller/processor relationships,*   + *Awareness and training of contractors,*   + *Indemnities and limitations*   + *Audit requirements.* * Confidentiality * Mandatory Induction and ongoing training element * Access to personal data – rights of subjects. * Policy content reflects size of Organisation. * Policy content reflects Services being provided. |  | |  | **Desk Top Review:**  **Provider response:** |
| **6.6a** | Where CCTV is in place as added security for the provision, there is a CCTV policy in place to ensure appropriate use, viewing and storage of images.  Policy must include (but is not limited to):   * Purpose, including reason for installation. * Named individual responsible for operation of system. * Siting of cameras to focus on public areas and entrances only. * Storage and retention * Access to and disclosure of images to third parties * Individual access rights |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |
| **6.7** | Young People have the minimum level of furnishings and white goods to suitably equip the homes including:   * A fridge, freezer (may be integrated in fridge, washing machine and microwave * A bed and wardrobe or chest of drawers in each bedroom * A sofa or soft chairs in the living area * A table and chairs in any dining area * Soft furnishings, i.e. floor and window covers in all rooms. * Equipment to support the Young Person to develop their independence, such as bedding, kitchenware, vacuum cleaner, mop, and bucket, washing and toiletry facilities. * A basic TV with a license.   Any item that is purchased using the YP Leaving Care grant is agreed with the placing authority. |  | |  | **Provider action:**  Please provide details of the furnishings, fittings and white goods provided for the young people in the property. If possible, please send photos to show how the property is furnished.  Please confirm if the YP use any of their Leaving Care grant to furnish their room/the property. |
| Standard 7 STAFFING AND VISITORS RECORDS | | | | | |
| **7.1** | There is an organisational chart which shows lines of responsibility. |  | |  | **Desk Top Review:**  **Provider response:** |
| **7.2** | There are clear records of rotas, and staff shifts which have been worked.  There are written Out of Hours arrangements in place. |  | |  | **Desk Top Review:**  **Provider action:**   * Please provide details of how you arrange rotas and how far in advance these are planned. * Please provide an example of a week’s rota for one of the properties which shows the number of staff on duty at any one time and how many shifts the work in a week.   **Provider response:** |
| **7.3** | In staffed accommodation where a visitor’s book has been implemented, there is evidence of it being used appropriately |  | |  | **NOT REQUIRED FOR FLOATING SUPPORT ONLY SERVICE** |