

Inspection framework for regulated advocacy services

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.
This document is also available in Welsh.

Introduction

This inspection framework applies to regulated advocacy services.

It is based upon the principles set out within the Social Services & Well-being (Wales) Act 2014 (“the 2014 Act”) and the Regulation and Inspection of Social Care (Wales) Act 2016 and specifically created using the Regulated Advocacy Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 (“the 2019 Regulations”) and the associated statutory guidance.

Rights based approach

This inspection framework takes into account our commitment to promoting and upholding the rights of individuals who use advocacy services. This includes, but is not limited to the rights of individuals set out in the following legal frameworks:

- The Human Rights Act 1998¹
- The Equality Act 2010²
- The United Nations Convention on the Rights of the Child (UNCRC)³
- The United Nations Convention¹ on the Rights of Persons with Disabilities⁴
- The Mental Capacity Act 2005⁵
- The Deprivation of Liberty Safeguards (DoLS)⁶
- The Welsh Language Standards⁷

Further information on our commitment to upholding human rights within our regulatory and inspection work is set out on our website⁸. Further information on our rights based approach to inspection is also set out in our Code of Practice for Inspection of Regulated Services⁹.

1. www.equalityhumanrights.com/en/human-rights/human-rights-act

2. www.gov.uk/guidance/equality-act-2010-guidanc

3. www.gov.uk/government/publications/united-nations-convention-on-the-rights-of-the-child-uncrc-how-legislation-underpins-implementation-in-england

4. <https://www.equalityhumanrights.com/en/our-human-rights-work/monitoring-and-promoting-un-treaties/un-convention-rights-persons-disabilities>

5. www.legislation.gov.uk/ukpga/2005/9/contents

6. Due to be replaced by Liberty Protection Safeguards

7. www.legislation.gov.uk/wsi/2015/996/schedule/1/made

8. <https://gweddiill.gov.wales/docs/cssiw/general/170309humanrightsen.pdf>

9. https://careinspectorate.wales/sites/default/files/2019-02/190211-code-of-practice-1-en_0.pdf

Well-being and inspection

Our approach to inspection takes account of the principles of the 2014 Act and the legal definition of “well-being”.

The primary focus of the inspection is consideration of the national well-being outcomes. The framework supports inspectors to consider evidence for how the service is enabling the individual it supports to achieve their well-being outcomes.

This inspection framework maps the 2019 Regulations and associated statutory guidance under the three themes of ‘Care and Support’, ‘Leadership and Management’ and the ‘Environment’.

We believe that the extent to which individual’s well-being outcomes are achieved will be underpinned by the effectiveness of arrangements in place by regulated service providers in the themes of ‘Care and Support’, ‘Leadership and Management’ and ‘Environment’.

Where outcomes for individuals are poor, we need to explore the reasons that lie behind this through the lines of enquiry in the framework.

Inspectors will undertake their inspections considering and reporting on our inspection themes of ‘Well-being’, ‘Care and Support’, ‘Leadership and Management’, and ‘Environment’.

What well-being means

National well-being Outcomes

Line of Enquiry

| | | C&S | L&M | ENV |
|---|--|-----|--------------|-----|
| 1. Securing rights and entitlements Also for adults: Control over day-to-day life. | <ul style="list-style-type: none"> I know and understand what care, support and opportunities are available and use these to help me achieve my well-being. I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being. I am treated with dignity and respect and treat others the same. My voice is heard and listened to. My individual circumstances are considered. I speak for myself and contribute to the decisions that affect my life, or have someone who can do it for me. | 1-4 | 5-7 9-11 | 15 |
| 2. Physical and mental health and emotional well-being. Also for children: Physical, intellectual, emotional, social and behaviour development. | <ul style="list-style-type: none"> I am healthy and active and do things to keep myself healthy. I am happy and do the things that make me happy. I get the right care and support, as early as possible. | 1-4 | 5-11 | |
| 3. Protection from abuse and neglect. | <ul style="list-style-type: none"> I am safe and protected from abuse and neglect. I am supported to protect the people that matter to me from abuse and neglect. I am informed about how to make my concerns known. | 1-4 | 5-9 11-14 | 15 |
| 4. Education, training and recreation. | <ul style="list-style-type: none"> I can learn and develop to my full potential. I do the things that matter to me. | 1-3 | 5-7 10-11 | |
| 5. Domestic, family and | <ul style="list-style-type: none"> I belong. | 1-4 | 5-7 | |

| | | | | |
|--|--|-----|--------------|----|
| personal relationships. | <ul style="list-style-type: none"> I contribute to and enjoy safe and healthy relationships | | 9-12 | |
| 6. Contribution made to society. | <ul style="list-style-type: none"> I engage and make a contribution to my community. I feel valued in society | 1-3 | 11 | |
| 7. Social and economic well-being. Also for adults: Participation in work. | <ul style="list-style-type: none"> I contribute towards my social life and can be with the people that I choose. I do not live in poverty. I am supported to work. I get the help I need to grow up and be independent. I get care and support through the Welsh language if I want it. | 1-3 | 5-7 10-11 | 15 |
| 8. Suitability of living accommodation. | <ul style="list-style-type: none"> I live in a home that best supports me to achieve my well-being. | – | – | – |

Care and Support

| | Area of Assessment | Line of enquiry | Page Number |
|---|---|---|--------------------|
| 1 | Suitability of the service | Line of Enquiry 1: The extent to which a service provider considers a wide range of views and information to confirm that the service is able to support the individual's need for advocacy. (Regulation 11) | 10 |
| 2 | Development and review of the advocacy plan | Line of Enquiry 2: The extent to which individuals feel confident that service providers will prepare an advocacy plan to meet their advocacy needs. (Regulation 12-14) | 11 |
| 3 | Standards of advocacy | Line of Enquiry 3: The extent to which individuals are provided with an advocacy service which enables them to achieve their best possible outcomes through a service designed in consultation with them and which considers their personal wishes, aspirations and outcome of any risks and specialist needs which inform their advocacy. (Regulation 16-19) | 12-13 |
| 4 | Safeguarding | Line of Enquiry 4: The extent to which service providers have in place mechanisms to safeguard individuals to whom they provide advocacy. (Regulation 20-21) | 14-15 |

Leadership and Management

| | Area of Assessment | Line of enquiry | Page Number |
|----|--------------------------|---|--------------|
| 5 | Overall governance | Line of Enquiry 5: The extent to which the service provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality advocacy for individuals using the service. (Regulation 3, 6/7 and 9) | 16-18 |
| 6 | Statement of purpose | Line of Enquiry 6: The extent to which the service is provided in accordance with the statement of purpose. (Regulation 4) | 19 |
| 7 | Quality assurance | Line of Enquiry 7: The extent to which arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of advocacy and compliance with regulations and that information and views obtained are used for the continued development and improvement of the service. (Regulation 5, 36, 43-46 and 49-51) | 20-24 |
| 8 | Financial sustainability | Line of Enquiry 8: The extent to which the service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable for individuals using the service. (Regulation 8) | 25 |
| 9 | Culture | Line of Enquiry 9: The extent to which the service provider operates a culture of openness, honesty and candour at all levels and ensures potential conflicts of interests are managed in an open way. (Regulation 10, 33, 53) | 26 |
| 10 | Information | Line of Enquiry 10: The extent to which individuals have access to information about the service to enable them to have a clear understanding of service provision and records relating to how the service is delivered are accurate, accessible and available to people and their representative. (Regulation 15, 31, 48) | 27-28 |
| 11 | Staffing | Line of Enquiry 11: The extent to which individuals are supported by a | 29-33 |

| | | | |
|----|----------------|---|--------------|
| | | service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of advocacy service required to achieve the individual's advocacy needs. (Regulation 23-28, 37-42) | |
| 12 | Whistleblowing | Line of Enquiry 12: The extent to which people working at the service are supported to raise concerns about the service through whistleblowing procedures. (Regulation 35, 52) | 34-35 |
| 13 | Notifications | Line of Enquiry 13: The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting individuals. (Regulation 32, 54) | 36 |
| 14 | Complaints | Line of Enquiry 14: The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. (Regulation 34, 47) | 37-38 |

Environment

| | Area of Assessment | Line of enquiry | Page Number |
|----|---------------------|--|-------------|
| 15 | Overall Environment | Line of Enquiry 15: The extent to which service providers ensure that the service is provided in a location and environment suitable for the operation of the service. (<i>Regulation 29, 30</i>) | 39 |

Line of Enquiry 1: The extent to which a service provider considers a wide range of views and information to confirm that the service is able to support the individual's need for advocacy. (**Regulation 11**)

What good looks like

Statutory Guidance - Regulation 11 - Suitability of the service

- Service providers have in place a policy and procedures on commencement of the service. This includes but is not limited to:
 - arrangements for confirming that the service can or cannot support the individual to meet their advocacy needs;
 - who will be consulted as part of the process;
 - the information to be considered;
 - the circumstances where a service will not be provided; and
 - the arrangements for commencing the service.
- A summary of the referral procedure is included in the statement of purpose and the service provider's written guide to the service (see regulation 15).
- Before agreeing to provide a service the service provider makes an informed decision as to whether or not they can meet an individual's advocacy needs. In making this decision the service provider:
 - takes into account the requirements set out within regulation 11(3);
 - consults with the individual, and/or their representative to determine what matters to them;
 - obtains a copy of the care and support plan where it is relevant and with the individual's consent
 - considers any risks to the individual or to others using the service and staff; and
 - obtains information relating to the individual's specialist needs and requirements in order to confirm these can be met in line with the statement of purpose.
- Service providers ensure there is relevant information and support for individuals to understand the choices available to them (including provision from alternative service providers, where appropriate), in a format accessible to the individual and suitable to their age and level of understanding.
- Information obtained is sufficient to enable smooth transition for the individual to receive the service.
- Where the individual lacks the mental capacity to make specific decisions about their advocacy needs and no lawful representative is appointed, their best interests should be established and acted upon in accordance with the Mental Capacity Act 2005.
- People making these decisions on behalf of the service provider are competent and have sufficient responsibility and authority (within the organisation) to be able to decide whether the service can meet the individual's need for advocacy.

Line of Enquiry 2: The extent to which individuals feel confident that service providers will prepare an advocacy plan to meet their advocacy needs. (*Regulation 12-14*)

What good looks like

Statutory Guidance - Regulation 12 - Advocacy plan

- When a decision is made that the service can meet an individual's advocacy needs an advocacy plan is developed, co-produced with the individual, and any representative.
 - The advocacy plan will set out the actions required to meet the individual's advocacy needs and how assistance will be provided to assist the individual in making representations about their views and wishes.
 - A copy of the advocacy plan is provided to the individual receiving the service in a language and format appropriate to their needs, age and level of understanding. If there is a reason for not doing so this is documented.
 - The advocacy plan is accessible and in a clear format to inform staff about how they should provide advocacy to meet the individuals' advocacy needs.

Statutory Guidance - Regulation 13 - Review of advocacy plan

- The advocacy plan is kept under review and is amended and developed to reflect changes in the individual's need for advocacy.
- The plan is reviewed at intervals agreed with the individual and includes the extent to which they have been able to represent their views, wishes and feelings.
- Reviews are undertaken involving the individual and, where appropriate, and with the agreement of the individual, their representative.

Statutory Guidance - Regulation 14 - Records of advocacy plans

- A copy of the advocacy plan and any review is provided in a format and language appropriate to the person's needs.
- Individuals and where appropriate, and with the agreement of the individual any representatives, are informed about how they can access the advocacy plan.

Line of Enquiry 3: The extent to which individuals are provided with an advocacy service which enables them to achieve their best possible outcomes through a service designed in consultation with them and which considers their personal wishes, aspirations and outcome of any risks and specialist needs which inform their advocacy. **(Regulation 16-19)**

What good looks like**Statutory Guidance - Regulation 16 - Service standards**

- The service provider's expectations as to the standards of advocacy services to be provided are clearly set out in the statement of purpose.
- Enabling individuals to represent their views and to have their views represented is supported by policies and procedures.
- Policies and procedures include the provision of advocacy that is in line with any current legislation, national guidance and reflect evidence-based practice.
- Service providers ensure advocacy is delivered in a dignified and respectful manner in which staff have meaningful interactions and positive and caring attitudes towards individuals.
- Service providers ensure advocacy is provided in keeping with any advocacy plan and supports individuals to express their views and achieve the best possible outcomes.
- Advocacy plans include sufficient detail to inform and enable staff to meet the individual's advocacy need.

Statutory Guidance - Regulation 17 - Language and communication

- Service providers have arrangements in place to assist individuals with their specific communication and language needs in line with the statement of purpose. Where necessary this will include putting measures in place to ensure that individuals can communicate meaningfully. This includes:
 - the individual's language of need and choice; and
 - additional means of communication where appropriate.
- Service providers identify an individual's communication needs as part of their determination as to whether the service can meet their needs for advocacy.
- Individuals can understand staff when they communicate with them.
- Service providers ensure that aids and equipment required to support individual's communication needs are in place, accessible, well-maintained and that staff know how to use them.
- Service providers deliver or work towards actively offering a service in the Welsh language to individuals whose first language is Welsh.

Statutory Guidance - Regulation 18 - Respect and sensitivity

- Service providers ensure individuals are aware of their rights and entitlements under the law, and under equality and diversity policies held by the service provider.
- Service providers ensure that individuals are:
 - listened to, and communicated with, in a courteous and respectful manner with their advocacy needs being the main focus of staff's attention; and
 - treated with respect and feel valued.
- Service providers ensure individuals do not suffer discrimination within their service.
- Individuals are encouraged to contribute their views, if they choose to, on the way in which the service is run.

Statutory Guidance - Regulation 19 - Confidentiality

- Service providers have in place a policy about maintaining the confidentiality of individuals. This includes, but is not limited to:
 - The service provider's approach to confidentiality;
 - The circumstances when a service provider may breach confidentiality; and
 - Roles and responsibilities of staff and others working at the service.
- Policies and procedures are aligned to current legislation and national guidance.

Line of Enquiry 4: The extent to which service providers have in place mechanisms to safeguard individuals to whom they provide advocacy. (*Regulation 20-21*)

What good looks like***Statutory Guidance - Regulation 20 - Safeguarding - overarching requirement***

- When they begin using the service, individuals and their representatives are given information about safeguarding, how to raise a concern and what support is available to enable them to do so.
- Staff can access up-to-date safeguarding policy and procedures.
- Staff receive training relevant to their role at induction to understand their responsibility to safeguard and protect individuals at risk. This includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing).
- Staff training is ongoing at regular intervals in line with local safeguarding recommendations.
- Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals.
- Service providers make provision to support staff raising safeguarding concerns (whistleblowing).
- Service providers work in partnership with other relevant professionals and agencies to assess and manage risk to individuals using the service and participate in the safeguarding process.
- Records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within the service. Protection of adults at risk/children must be overseen by the manager and responsible individual and within the governance structure with arrangements for oversight at board level.
- The service provider ensures outcomes arising from any safeguarding referral are communicated to the individual in a method appropriate to their age, level of understanding taking into account any specific condition and/or any communication needs. This is also communicated to any representatives (if appropriate).

Statutory Guidance - Regulation 21 - Safeguarding policies and procedures

- There is an up-to-date safeguarding policy and procedures in place.
- Safeguarding policies and procedures are aligned to current legislation, national guidance and local adult and children's safeguarding procedures.
- The safeguarding policy and procedures include the individual roles and responsibilities of staff and others working at the service in identifying, receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse, neglect or improper treatment. This will include instruction for staff on actions to be taken and mechanisms for referral to the local authority and other relevant partners and agencies.

Line of Enquiry 5: The extent to which the service provider has governance arrangements in place to support the smooth operation of the service and ensures there is a sound basis for providing high quality advocacy for individuals using the service. **(Regulation 3, 6/7 and 9)**

What good looks like

Statutory Guidance - Regulation 3 - Requirements in relation to the provision of the service

- Service providers have clear arrangements for the oversight and governance of the service in order to establish, develop and embed a culture which ensures that the best possible services are provided for individuals and meet the requirements of the Regulations. This includes but is not limited to:
 - policies and procedures to achieve the aims of the statement of purpose and place people at the centre of the service;
 - systems for planning, monitoring and review which support evidence-based practice and support individuals to express their views;
 - processes to ensure advocacy services are delivered consistently and reliably;
 - safe staffing arrangements, underpinned by professional development, to meet the advocacy support needs of individuals;
 - quality and audit systems to review progress and inform the development of the service;
 - a proactive approach to equal opportunities and diversity; and
 - suitable and accessible premises, facilities and equipment.

Statutory Guidance - Regulation 6/7 - Requirements in relation to the responsible individual

- Service providers have systems and processes in place for regular formal discussion with, and support for, the responsible individual.
- Service providers support the responsible individual to undertake training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by Social Care Wales. Training for responsible individuals includes that which covers:
 - legislative framework and requirements;
 - specific duties of a responsible individual;
 - service performance and quality management; and
 - shaping service culture, etc.
- Where a responsible individual has failed to fulfil their role the service provider notifies the service regulator of any action taken and, where relevant, advises on the arrangements to designate a replacement.
- If there is no responsible individual or the responsible individual is unable to fulfil their duties for any reason, for example they

are absent from their role due to illness, the service provider ensures that the responsibility for oversight of the management of the service, as set out in parts 11 to 15 of the Regulations, is still being met under alternative arrangements.

[Where the service provider is an individual]

- The responsible individual undertakes training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by Social Care Wales. Training includes that which covers:
 - legislative framework and requirements;
 - specific duties of a responsible individual;
 - service performance and quality management; and
 - shaping service culture etc.
- If the responsible individual is unable to fulfil their duties for any reason, for example they are absent from their role due to illness, the responsible individual ensures alternative arrangements are put in place to ensure the requirements in regulation 7(3) are met.

Statutory Guidance - Regulation 9 - Requirements to provide the service in accordance with policies and procedures

- Service providers have the policies and procedures in place as required by the Regulations.
- Policies and procedures are proportionate to the service being provided in accordance with the statement of purpose.
- Policies and procedures:
 - are aligned to any current legislation and national guidance;
 - provide guidance for staff to ensure that services are provided in line with the statement of purpose; and
 - set out requirements to inform individuals and their representatives about how the service is provided.
- Policies, procedures and practices are reviewed and updated in light of changes to practice, changing legislation and best practice recommendations.
- Staff and individuals using the service have the opportunity to be involved in developing policies and procedures.
- Where changes are made to the statement of purpose the policies and procedures are reviewed and updated to reflect the changes.
- Service providers ensure staff have access to, and knowledge and understanding of, the policies and procedures which support them in their role.
- All policies and procedures are available on request to the individuals who use the service, their representatives and, where appropriate, relevant placing authorities and service commissioners.
- Policies and procedures are in a format accessible to the individual and support is provided to assist individuals'

understanding of these.

- Systems for monitoring and improvement include those which ensure the service is being run in accordance with the policies and procedures.

Line of Enquiry 6: The extent to which the service is provided in accordance with the statement of purpose. (*Regulation 4*)

What good looks like

Statutory Guidance - Regulation 4 – Requirements in relation to the statement of purpose

- The statement of purpose is fundamental to the service. It should:
 - accurately describe the services provided;
 - state where and how these services will be provided; and
 - state the arrangements to support the delivery of the services.
- It must include the information set out in The Regulated Services (Registration) (Wales) Regulations 2017².
- In preparing a statement of purpose, the provider takes account of any statement of purpose guidance on the service regulator's website.
- Service providers review and update the statement of purpose at least annually or when changes are being made to the service provided.
- Where there is an intention to change the service being provided, the statement of purpose is updated to reflect the change. The provider notifies those persons set out in regulation 4(6) 28 days prior to the changes being made. An example of this includes changes to the normal staffing arrangements or levels as set out in the existing statement of purpose.
- Where there is an intention to change the service being provided with immediate effect, i.e. within the 28 days notification period (required by regulation 4(3)), for example in response to an urgent request, the provider:
 - notifies the service regulator immediately (and where practicable, prior to implementing the change); and
 - updates the statement of purpose to reflect the change without delay and provides a copy to the service regulator.
- Where a change to the statement of purpose is proposed, the service provider satisfies the service regulator of their ability to provide the services proposed by, for example, providing additional information or receiving a visit from the service regulator to the service (where appropriate).
- Where the statement of purpose is updated a record is maintained of the version and date of amendment.
- A copy of the statement of purpose is readily available to individuals who use the service, staff and any representative who may request it.

² <http://www.legislation.gov.uk/wsi/2017/1098/contents/made> Amended by the Regulated Services (Annual Returns and Registration)(Wales)(Amendment) Regulations 2019 <http://www.legislation.gov.uk/wsi/2019/233/made>

Line of Enquiry 7: The extent to which arrangements are in place for the effective oversight of the service, through ongoing quality assurance processes that review standards of advocacy and compliance with regulations and that information and views obtained are used for the continued development and improvement of the service. **(Regulation 5, 36, 43-46 and 49-51)**

What good looks like

Statutory Guidance - Regulation 5 - Requirements in relation to monitoring and improvement

- Service providers have systems and processes in place to monitor, review and improve the quality of the service. This will include identifying:
 - who is responsible for ensuring this is done;
 - how this will be done;
 - how often this takes place; and
 - arrangements for the responsible individual to report to the service provider.
- The outcome of any review is analysed and reviewed by people with the appropriate knowledge, skills and competence to understand its significance and take action to secure improvement. Service providers seek professional/expert advice as needed and in a timely manner to help secure improvements.
- Service providers can demonstrate how they have:
 - analysed and responded to the information gathered; and
 - used the information to make improvements.
- Service providers monitor progress against plans to improve the quality of services, and take appropriate action immediately where progress is not achieved as expected.
- The systems and processes are continually reviewed to make sure they enable the service provider to identify where the quality of services are being, or may be, compromised and to enable an appropriate timely response.
- As part of the quality review process, service providers:
 - encourage feedback;
 - regularly seek the views of the relevant people about the quality of advocacy services; and
 - are able to demonstrate they have done this and provide an analysis of the feedback they have received.
- The methods used to engage with and gain the views of those listed in regulation 5(2) using the service are appropriate to their age, level of understanding and take into account any specific condition and/or any communication needs.

- Information collated through quality and audit systems is used to develop the review of quality of service review report in line with regulation 50(4).

Statutory Guidance - Regulation 36 - Supervision of management of the service

- The responsible individual follows the service provider's prescribed systems and processes to enable proper oversight of the management, quality, safety and effectiveness of the service. This includes, but is not limited to, ensuring the service:
 - focuses on individuals' advocacy needs;
 - listens to individuals;
 - responds positively to any concerns or complaints;
 - does not place individuals at unnecessary risk;
 - achieves best possible outcomes for individuals;
 - fulfils the statement of purpose;
 - has sufficient numbers of staff who are trained, competent and skilled to undertake their role; and
 - has sufficient resources, facilities and equipment.
- The responsible individual has systems in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports, within required timescales.
- There are clear lines of accountability, delegation and responsibility set out in writing between the responsible individual and the manager (unless the manager is also the responsible individual).
- Arrangements are in place for the manager to have direct access to the responsible individual in addition to the opportunity to meet formally as part of the responsible individual's quality reviews (unless the manager is also the responsible individual).
- Arrangements are in place to ensure that the manager is supported by supervision and training, and has opportunities to gain skills for professional development that will support them in their role.

Statutory Guidance - Regulation 43 - Visits

- The responsible individual visits the service in person to monitor the performance of the service in relation to its statement of purpose and to inform the oversight and quality of care review. The visit includes the following:
 - talking to, with consent and in private, a sample of individuals using the service and their representatives (if applicable) and staff; and
 - inspecting the premises, a selection of records of events and any complaints records.
- The responsible individual ensures systems are in place to provide evidence that visits are logged and documented.

Statutory Guidance - Regulation 44 - Oversight of adequacy of resources

- The responsible individual ensures that systems and processes are in place which enable them to collate information about the service and any areas that may need closer observation/consideration and/or improvement. This includes, but is not limited to:
 - staff turnover;
 - staff sickness levels;
 - complaints;
 - safeguarding issues;
 - inspection reports by the service regulator; and
 - inspection outcomes and or reports from other Health and Safety Executive (HSE), and fire service.
- The responsible individual has suitable arrangements in place to alert the service provider immediately where the service is:
 - not complying with policies and procedures;
 - failing or unable to address issues raised in inspection reports; and
 - being provided in a way which is contrary to the statement of purpose.

Statutory Guidance - Regulation 45 - Other reports to the service provider

- The responsible individual ensures suitable arrangements are in place to report to the service provider in line with the requirements of regulations 45 and 50(4).
- The responsible individual has a system in place to submit reports to the service provider that accurately reflect overall service quality and performance. This includes arrangements for the responsible individual to feed back and communicate any urgent matters requiring immediate action. This includes, but is not limited to:
 - natural disaster;
 - financial irregularities;
 - significant concerns raised by the service regulator or commissioners; and
 - any event which affects staff availability.

Statutory Guidance - Regulation 46 - Engagement with individuals and others

- The responsible individual has suitable arrangements in place to enable feedback on all aspects of service provision and ensure that these arrangements are accessible to, and take into account the views of, all those listed under regulation 46(1).
- The responsible individual ensures the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition and/or communication needs.
- The responsible individual has positive relationships with, and is accessible to, people outside the service. This includes but is

not limited to:

- families or nominated representation;
- service commissioners;
- regulators; and
- professional bodies.

Statutory Guidance - Regulation 49 - Duty to ensure policies and procedures are up to date

- The responsible individual ensures suitable arrangements are in place to review policies and procedures in line with regulation 9 and 49.
- The responsible individual ensures suitable arrangements are in place to ensure staff have access to, and knowledge and understanding of, the policies and procedures which support them in their role in achieving the best possible outcomes for individuals.

Statutory Guidance - Regulation 50 - Quality of service review

- The responsible individual has suitable arrangements in place to assess, monitor and improve the quality and safety of the service. This includes, but is not limited to:
 - the collation and analysis of feedback from those listed under regulation 46(1);
 - issues and lessons learned in the analysis of complaints and safeguarding matters;
 - the outcome of any inspection reports from the service regulator;
 - the outcome of visits to monitor the service by the responsible individual; and
 - audits of records.
- The responsible individual ensures that the audit systems and processes for monitoring the service give assurance that a high quality service is provided.
- The responsible individual has suitable arrangements in place to ensure systems and processes are continually reviewed to enable the responsible individual to identify where the quality and/or safety of services is being, or may be, compromised, and to respond appropriately without delay.
- The responsible individual has suitable arrangements in place to ensure all feedback is acknowledged, recorded and responded to as appropriate.
- The responsible individual has suitable arrangements in place to ensure areas of learning from complaints, safeguarding and whistleblowing are shared with staff to improve the service and encourage safe, compassionate care practices.
- The responsible individual ensures areas of learning are analysed and that recommendations are made to the service provider

as to how and where the quality and safety of the service can be improved. The report, which includes the information that has informed it (relating to those areas set out above) will inform or form part of the statement of compliance to be included in the service provider's annual return.

Statutory Guidance - Regulation 51 - Statement of compliance with the requirements as to standards of advocacy services

- The responsible individual has prepared and is accountable for the quality and accuracy of the information provided in the statement of compliance and service provider's annual return.

Line of Enquiry 8: The extent to which the service provider has oversight of financial arrangements and investment in the service so that it is financially sustainable for individuals using the service. (*Regulation 8*)

What good looks like

Statutory Guidance - Regulation 8 - Requirements in relation to the financial sustainability of the service

- Systems are in place to ensure financial planning, budget monitoring and financial control is carried out effectively.
- Systems are in place to ensure financial stability and consumer protection in line with any national guidance and financial regulations.
- Service providers have the financial resources needed to provide, and continue to provide, the services described in the statement of purpose and in order to meet the requirements of the Regulations.
- Service providers have appropriate insurance and suitable indemnity arrangements in place to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks.
- Where audited accounts are not available, annual accounts are completed by a qualified accountant for the purpose of regulation and inspection.
- The accounts demonstrate that the service is financially viable and likely to have sufficient funding to continue to fulfil service delivery as set out in its statement of purpose.

Line of Enquiry 9: The extent to which the service provider operates a culture of openness, honesty and candour at all levels and ensures potential conflicts of interests are managed in an open way. (**Regulation 10, 33, 53**)

What good looks like

Statutory Guidance - Regulation 10 - Duty of candour (service provider)

- Service providers have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff are aware of and follow them. These policies and procedures are in line with, and take account of, SCW's guidance on the duty of candour for social care professionals registered with SCW.
- Service providers promote a culture of candour that includes:
 - being open and, honest when engaging with those listed in regulation 10 when things go wrong;
 - providing individuals and their representatives with information about incidents which happen and the outcome of any investigations that have taken place; and
 - offering an apology for what has happened, where it is appropriate to do so.
- Service providers take action to prevent and appropriately address bullying, victimisation and/or harassment in relation to the duty of candour, and investigate any instances where a board member, responsible individual or member of staff may have obstructed another in exercising their duty of candour.
- Service providers have a system in place to identify and deal with possible breaches of the duty of candour by staff, including the obstruction of another in their duty of candour. Action taken to address such breaches includes, where appropriate, a referral to the professional regulator or other relevant body.
- Service providers take action to ensure their duty of candour does not conflict with the individual's right to confidentiality in line with regulation 19.

Statutory Guidance - Regulation 33 - Conflicts of interest

- Service providers maintain appropriate systems and take all reasonable steps to make sure actual or perceived conflicts of interests are identified, prevented and recorded in an open way.

Statutory Guidance - Regulation 53 - Duty of candour (responsible individual)

- The responsible individual acts in an open and transparent way, also ensuring suitable arrangements are in place to ensure compliance with the requirements of regulation 53.

Line of Enquiry 10: The extent to which individuals have access to information about the service to enable them to have a clear understanding of service provision and records relating to how the service is delivered are accurate, accessible and available to people and their representative. **(Regulation 15, 31, 48)**

What good looks like**Statutory Guidance - Regulation 15 - Information about the service**

- A written guide is available to those listed in regulation 15(2)(c)-(e), which provides information about the service.
- The guide is in plain language and in a format that reflects the needs, age and level of understanding of those for whom the service is intended. The guide is made available in formats and media accessible and appropriate to the audience. For example, preferred and appropriate language, large print, audio, computerised visual aids. When required it is explained in the individual's preferred method of communication.
- Where required individuals are supported to understand the contents of the guide and what it means for them.
- The guide sets out the areas required by regulation 15(3) and in addition includes the following:
 - arrangements for welcoming and supporting individuals;
 - the ethos, culture and priorities of the regulated service including a summary of the statement of purpose;
 - how to access the most recent inspection report completed by the service regulator;
 - key staff who will be supporting the individual;
 - how to contact the responsible individual;
 - the complaints procedure and how to make a complaint;
 - contact details and role of the Public Service Ombudsman for Wales, service regulator and Children's Commissioner (as appropriate);
 - access to, and support to access, relevant digital communication devices and/or assistive technology
 - arrangements for individuals to contribute their views on the running of the service
 - terms and conditions including circumstances in which the service may cease to be provided and notice periods; and
 - how individuals can access their own records.

Statutory Guidance - Regulation 31 - Records

- There is a policy and procedures for the recording and management of records.
- Staff are aware of the policy and have a clear understanding of the procedures for managing records. This includes training in

information security and action to be taken where personal information is compromised.

- Service providers keep detailed case records of work undertaken which includes the advocacy plan, activity, issues, outcomes and feedback which the children and young people agree with and are able to access.
- Service providers maintain all the records required for the protection of individuals and the efficient running of the service as specified by schedule 2 of the Regulations.
- All records are secure, up to date and in good order. They are prepared, maintained and used in accordance with the data protection legislation and other statutory requirements.
- Records are stored securely including electronic records which are password protected.
- Individuals and where appropriate, and with the agreement of the individual, their representatives, and staff are given access to any records and information about them held by service providers in accordance with current legal requirements.

Statutory Guidance - Regulation 48 - Duty to ensure there are systems in place for keeping of records

- Where records are stored electronically, they are secure and staff have individual access codes which provide a clear audit trail which shows who has made any entries and amendments.

Line of Enquiry 11: The extent to which individuals are supported by a service that provides appropriate numbers of staff who are suitably fit and have the knowledge, competency, skills and qualifications to provide the levels of advocacy service required to achieve the individual's advocacy needs. *(Regulation 23-28, 37-42)*

What good looks like

Statutory Guidance - Regulation 23 - Staffing - overarching requirements

- Service providers have a demonstrable, measurable and systematic approach to determining the number of staff and range of range of skills/qualifications required for the reliable provision of the service and to support individual's to achieve their advocacy needs. This considers, but is not limited to:
 - the statement of purpose; and
 - the different levels of knowledge, skills and competence required to meet the specific needs of individuals on a collective and individual basis.
- Staffing levels and skill mix are reviewed continuously and adapted to respond to the changing needs of the service.
- Arrangements are in place to cover staff sickness or absence to ensure individuals' advocacy needs are met.

Statutory Guidance - Regulation 24 - Fitness of staff

- Service providers have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants. This includes the information set out in Schedule 1 of the Regulations. This also includes checking the veracity of references and employment.
- Where agency staff are deployed service providers ensure that they are subject to the same checks as permanently employed staff and have evidence to demonstrate that the checks have been undertaken. This may include confirmation and checklists supplied by any agency, where sufficiently reliable and robust.
- Service providers have a process in place to check that staff have appropriate and current registration with a professional regulator where required or, where applicable, an accredited voluntary register.
- Having considered all the information available service providers should determine whether the person has the necessary skills, qualifications and good character to undertake the role for which they are employed/deployed.
- Where staff (including volunteers) no longer meet the required fitness criteria set out in regulation 24(2), service providers take appropriate and timely action to ensure that individuals are not placed at risk. For example this may include:

- coaching and mentoring;
- providing additional training and supervision; and
- the use of disciplinary procedures.
- Service providers ensure staff comply with the requirements of their professional codes of practice and, where appropriate, providers make referrals to the relevant professional bodies for staff whose fitness to practise is brought into question.
- Where there are concerns that a member of staff has abused an individual or placed an individual at risk of abuse, the Disclosure and Barring Service and any relevant professional registration body are notified by the service provider without delay.

Statutory Guidance - Regulation 25 - Supporting and developing staff

- Service providers ensure they have an induction programme that equips all new staff (including volunteers) to be confident in their roles and practice and enables them to make a positive contribution to the well-being of individuals using the service.
- Where required service managers complete the relevant induction programme required by SCW within the defined timescale alongside any service-specific induction programmes.
- Where agency staff are deployed an introduction to the service is provided which includes, but is not limited to:
 - the statement of purpose;
 - core policies and procedures; and
 - management and supervision arrangements.
- Staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. This includes feedback about their performance from individuals using the service.
- Staff meet for one to one supervision with their line manager or equivalent officer, or a more senior member of staff, no less than quarterly.
- All staff have an annual appraisal which provides feedback on their performance and identifies areas for training and development in order to support them in their role.
- Additional training, learning and development needs of individual staff members are identified within the first month of employment and reviewed through the supervision and appraisal process.
- Staff are supported to undertake training, learning and development to enable them to fulfil the requirements of their role and meet the needs of individuals using the service.
- Service providers undertake an annual (or more frequently if required) training needs analysis to ensure that staff have the relevant skills and competence to meet the needs of individuals in accordance with the statement of purpose for the service.
- Service providers maintain a written record of all training and supervision undertaken or to be undertaken by staff.

- Service providers support all staff to complete, where appropriate:
 - core training;
 - necessary qualifications that would enable them to continue to perform their role;
 - training and activities required for continuing professional development;
 - other training deemed appropriate by the service provider; and
 - any core and specialist training identified by SCW as consistent with their role.

Statutory Guidance - Regulation 26 - Compliance with employer's code of practice

- Service providers have a clear understanding of their role and responsibilities in relation to the Code of Practice for Employers of Social Care Staff (SCW publication) and/or other codes of practice applicable to employers which may be issued by SCW from time to time.

Statutory Guidance - Regulation 27 - Information for staff

- Service providers compile and make available information for staff in line with the statement of purpose. This includes information about the following matters:
 - the ethos and culture of the service;
 - the conduct expected of staff or others working at the service;
 - the roles and responsibilities of staff and others working at the service;
 - the policies and procedures of the service;
 - record keeping requirements;
 - confidentiality and data protection requirements;
 - disciplinary procedures;
 - arrangements for reporting concerns; and
 - arrangements for lone working.
- Service providers ensure staff have access to and understand up-to-date copies of all relevant policies, procedures and codes of practice. Service providers ensure staff have read these during the induction period and test staff members' ongoing understanding through supervision and performance reviews.
- Service providers ensure that staff undertake their duties in line with the requirements of the policies and procedures.
- All staff are provided with a written job description which states clearly their responsibilities, the duties currently expected of them and their line of accountability.

Statutory Guidance - Regulation 28 - Disciplinary procedures

- Service providers have a disciplinary procedure, in line with employment laws, to deal with employee performance and conduct. This includes -
 - information about what is acceptable and unacceptable behaviour and what action will be taken if there are concerns about staff behaviour; and
 - the arrangements for a member of staff to be suspended (or transferred to other duties) pending the investigation of any allegations of serious misconduct, including allegations of abuse or serious concerns relating to the safety or well-being of individuals.
- Where the service provider is undertaking disciplinary action against any employee and the employee leaves prior to the completion of the disciplinary process consideration is given to whether a referral to the police, Disclosure and Barring Service, SCW or any other professional body is appropriate.
- Where a volunteer's fitness to practise is in question, due to any alleged misconduct/lack of capability of a concerning nature, the service provider takes appropriate and timely action. For example this may include:
 - providing additional training and supervision;
 - termination of the volunteer arrangements; and
 - referral to the Disclosure and Barring service or police, where appropriate.
- Service providers ensure staff are aware of and understand the relevant disciplinary procedures and any grievance procedures.

Statutory Guidance - Regulation 37 - Duty to appoint a manager

- The responsible individual ensures a manager who is registered with SCW (subject to regulation 37(6)) is appointed and in place to manage the delivery of the service on a day to day basis for each place at, from, or in relation to which services are provided.
- The responsible individual takes responsibility and accountability for the appointment of the manager regardless of whether they are directly involved in the recruitment process.
- The responsible individual is assured that the person appointed as the manager for the service has the appropriate knowledge, skills and competence to manage the service safely and in accordance with the requirements of the Regulations.
- The responsible individual demonstrates that the appointment of the manager has been undertaken with due diligence and in line with the requirements of regulation 24 (fitness of staff).
- Where a manager is absent for a period more than three months, the service provider ensures there is an appropriately qualified, experienced and competent manager, registered with SCW (subject to regulation 37(6)), in place to manage the service.

Statutory Guidance - Regulation 38 - Fitness requirements for appointment of manager

- The responsible individual has suitable arrangements in place to ensure the manager is fit and is capable of running the service in line with its statement of purpose. This includes ensuring:
 - the manager is appropriately qualified;
 - the manager is registered with SCW (subject to regulation 37(6));
 - the manager is experienced in managing advocacy; services and in the provision of the type of advocacy being provided; and
 - the vetting of prospective managers includes the relevant checks required by regulations to assure the responsible individual that the person is fit and able to work with vulnerable individuals.

Statutory Guidance - Regulation 39 - Restrictions on appointing manager for more than one service

- Where a manager is appointed to manage more than one service, this is agreed in advance with the service regulator.

Statutory Guidance - Regulation 40/41 - Duty to report the appointment of manager to service provider and to SCW and the Welsh Ministers

- The responsible individual has suitable arrangements in place to:
 - inform the service provider of the details of the appointment of the manager;
 - provide the information specified by the Regulations concerning the individual; and
 - notify the service regulator and SCW when a new manager is appointed.

Statutory Guidance - Regulation 42 - Arrangements when manager is absent

- The responsible individual has structures in place which ensure that where the manager is not available or is absent for any reason there is an effective and competent deputising system to provide leadership on a day-to-day basis which:
 - continues to support individuals to achieve their advocacy needs;
 - maintains the safety, quality and effectiveness of the service;
 - ensures minimal disruption to individuals receiving the service;
 - ensures compliance with the Regulations; and
 - maintains staff professional development.
- Where the manager, registered with SCW (subject to regulation 37(6)), is unavailable or absent for any reason for more than 28 days the responsible individual will inform the service regulator in writing and without delay of the reason for the absence and the arrangements for cover.

whistleblowing procedures. (*Regulation 35, 52*)

What good looks like

Statutory Guidance - Regulation 35 - Whistleblowing

- There is an accessible whistleblowing policy and procedure in place. This includes:
 - the procedure for raising a concern;
 - the safeguards in place for staff who raise a concern; and
 - how concerns will be investigated.
- Staff are aware of, and have had training in, how to raise concerns and there are mechanisms and support available to enable them to do this.
- Wherever practicable consent should be gained to the disclosure of the details of a concern, where necessary, to enable an effective investigation to take place.
- Confidentiality is maintained during the investigation process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding.
- Individuals do not suffer victimisation or any other disadvantage as a result of making their concerns known.
- All allegations and incidents of abuse are followed up promptly in line with the service provider's safeguarding policy and procedures and local safeguarding arrangements.
- Systems are in place to make sure that all concerns are considered without delay in line with the service provider's safeguarding policy and procedures. This includes:
 - undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. (This may include seeking advice from the service regulator or local authority safeguarding staff;
 - where areas for improvement or service failures are identified, acting upon these without delay; and
 - ensuring staff and others involved in the investigation understood the processes relating to safeguarding and responding to concerns.
- Records of concerns are maintained and monitored to identify trends and areas of risk which may require pre-emptive action. Actions taken as a response to whistleblowing are subject to reporting within governance arrangements.

Statutory Guidance - Regulation 52 - Support for staff raising concerns

- The responsible individual ensures suitable arrangements are in place for:
 - staff to be aware of and understand the whistleblowing policy;
 - ensuring staff are encouraged and supported to report issues; and

- Ensuring staff understand that concerns are welcomed and sought out, not ignored.

Line of Enquiry 13: The extent to which relevant regulatory bodies and statutory agencies are notified where there are concerns and significant events affecting individuals. *(Regulation 32, 54)*

What good looks like

Statutory Guidance - Regulation 32 - Notifications (service provider)

- Service providers have appropriate arrangements in place for the notification of the events listed Schedule 3 of the Regulations to be made to the relevant authority.
- Notifications are made without delay, usually within 24 hours of the event occurring.

Statutory Guidance - Regulation 54 - Notifications (responsible individual)

- The responsible individual has suitable arrangements in place to notify the service regulator of events specified in Schedule 4 of the Regulations.

Line of Enquiry 14: The extent to which the service promotes an accessible complaints policy and procedure and demonstrates learning from complaints to improve the service. (*Regulation 34, 47*)

What good looks like

Statutory Guidance - Regulation 34 - Complaints policy and procedure

- There is a complaints policy in place. This includes the details of procedures as set out in regulation 34.
- Service providers have an accessible complaints policy which includes, where appropriate, the use of an informal resolution stage and explains:
 - who can make a complaint and in relation to what;
 - who to approach to discuss a concern/complaint;
 - how individuals can be supported to make a complaint;
 - how complaints will be dealt with; and
 - the stages and timescales for the process.
- The policy and procedures are in an easy to read format, well publicised, readily available and accessible to individuals using the service.
- Information about other avenues for complaint is included to support complainants if they are not satisfied with the service provider's action. For example, information about the complaints procedure of the service commissioner, the Public Services Ombudsman for Wales and the Children's Commissioner for Wales.
- Individuals are able to make their complaint in writing or verbally to staff and these should be acknowledged unless complaints are made anonymously.
- Staff are aware of the complaints policy and understand how to respond appropriately to complaints.
- Providers ensure any complaint is acknowledged, addressed promptly and the complainant is kept informed of progress, unless the complaints are made anonymously.
- A written report is provided to the complainant setting out the outcome of the complaint and any action to be taken.
- Wherever practicable consent should be gained to the disclosure of the details of the complaint, where necessary, to enable an effective investigation to take place.
- Confidentiality is maintained during the complaints process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding.
- Individuals do not suffer, victimisation or any other disadvantage, or the withdrawal or reduction of a service as a result of making representations or complaints.
- Systems are in place to make sure that all complaints are investigated in accordance with the timescales set out in the service

provider's complaints policy. This includes:

- undertaking a review to establish the level of investigation and immediate action required, including whether there is a requirement for a referral to appropriate authorities for investigation. This may include the service regulator or local authority safeguarding teams; and
- where areas for improvement or service failures are identified, acting upon these immediately.
- Staff and others involved in the investigation of complaints have the right level of knowledge and skill to do this. They understand the service provider's complaints process and are knowledgeable about any current related guidance.
- Records of complaints are maintained and monitored to identify trends and areas of risk which may require pre-emptive action.
- Actions taken in response to complaints are reported on as part of the governance arrangements for the service.

Statutory Guidance - Regulation 47 - Duty to ensure there are systems in place to record incidents and complaints

- The responsible individual ensures there are suitable arrangements in place for the recording of the matters set out in regulation 47.
- The responsible individual has systems and processes in place to ensure that any records made are, legible, accurate and kept securely.

Environment – Overall Environment

Related Regulation: 29, 30

Line of Enquiry 15: The extent to which service providers ensure that the service is provided in a location and environment suitable for the operation of the service. (*Regulation 29, 30*)

What good looks like

Statutory Guidance - Regulation 29 - Overarching requirement

- The location, design and size of the premises are suitable for the service described in the statement of purpose.

Statutory Guidance - Regulation 30 - Premises

- Records are stored securely in line with legislative requirements.