



# **3. Care**

## Legislation

- **The Children’s Homes (England) Regulations 2015**
- **Children’s Homes (England)(Amendment) Regulations 2018**
- **Health and Social Care Act 2008, section 20 regulations**
- **Environmental Protection Act 1990,**
- **Food Safety Act 1990**
- **Food Hygiene (England) Regulations 2013**
- **Children’s Act 1989**
- **Human Rights Act 1998**
- **The UN convention of the Rights of the Child 1992**
- **General Data Protection Regulations 2019**

## **Practice Evidence**

<b>Inspection Body</b>	<b>Outcome/ Regulation</b>	<b>Evidence</b>
<b>Ofsted</b>	<b>6, 23</b>	<b>Statement of Purpose, Therapeutic programme, ITP Reviews, Milieu Supervision, Training Records, Staff Handbook, Resident Files, Facilities, Continued Improvement Process Record, Community Meetings and Debriefs, Care Review Meetings, Resident Welcome Pack, CORAM VOICE, Work Groups, Menu Records, HR Supervision Records, Policy Manual, Independence Records, Photographs, Frontline Managers Meeting Minutes. The Clearcare online recording system.</b>

## Practice Evidence

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CQC	1, 4, 5 and 10	Statement of Purpose, Therapeutic Programme, ITP Reviews, Milieu Supervision, Training Records, Staff Handbook, Resident Files, Facilities, Continued Improvement Process Record, Community Meetings and Debriefs, Care Review Meetings, Resident Welcome Pack, CORAM VOICE, Work Groups, Menu Records, HR Supervision Records, Policy Manual, Independence Records, Photographs, Frontline Manager Meeting Minutes, Clearcare online recording system.

## **Reference**

- 3.1- Keyworker and Therapist Guidance**
- 3.2- Equality and Diversity for Children and Young People**
- 3.3- Respecting and involving young people**
- 3.4- Caring for Children from Minority Ethnic Groups**
- 3.5 -Relationships and Physical Contact with Children**
- 3.6- Sleeping In and Night Security**
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- 3.8- Clothing, Pocket Money and Allowances**
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- 3.14-Provision and Preparation of Meals**
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### **3.1 Keyworkers and Therapist Guidance**

#### **Management of Keyworkers and Therapists.**

The Registered Manager is responsible for ensuring that each child has a Keyworker and Therapist who are able to engage in a positive relationship with the child.

The Registered Manager should ensure that all Keyworkers and Therapists are suitably trained and fully competent to carry out the duties required.

During the initial five week assessment the Home's Manager may decide that the Keyworker or Therapist for a child should change if:

- a) The member of staff leaves the employment of the home.
- b) The member of staff is unable to establish a positive relationship. This said, there may be times where working through issues to establish a more positive relationship can have provide therapeutic learning.
- c) The manager believes that the relationship is not in the best interests of the child or the member of staff and there are more suitable keyworkers or therapists available.

The Home's Manager should ensure that Keyworkers and Therapists are properly supervised and/or provided with mentors who may offer them support and guidance if necessary.

#### **The Role of the Keyworker and Therapist – General**

A Keyworker and therapist are named members of staff who have central roles in respect of a particular child; this will include the overseeing of the placement planning, recording systems and behavioural management plans.

The Keyworker and therapist should become the main co-ordinators of services for a particular child in the home. They should help other staff follow the agreed approaches and care strategies set out in the Behavioural Management Plans . They should also help to monitor and evaluate the effectiveness of the services.

The Keyworker and Therapist should be appointed by the Registered Manager preferably before a place has been offered to the child. Consideration of the young person's needs are given when these positions are appointment.

The Intake team will be involved in visits prior to admission. During this period, they should strive to become a familiar face that will be present at the time of admission.

During the early stages of placement, the Keyworker and Therapists should spend sufficient time with the new child to assist with settling in.

The Keyworker and Therapist should ensure that all the child's records are adequately set up and recording is taking place.

The Keyworker and Therapist are responsible for establishing and maintaining an appropriate relationships with the child, and collating information required for Child's Placement Planning Meetings, Behavioural Management Plans and Looked After Reviews; see section on Case Management.

The Keyworker and Therapist supported by the staff team, should assist the child to maintain social, recreational, cultural and religious links through daily living activities inside and outside the home.

Being a Keyworker and Therapist also includes working towards meeting a whole range of social, spiritual, emotional and intellectual needs in a way that promotes dignity, choice and independence.

Keyworkers are responsible for updating their key lad's achievement and independence files.

The therapist meets the young person regularly and facilitates small group work around the forensic matters that brought them to Glebe House.

### **Being there for the child**

Being there each morning (or making sure someone is doing it for you) with the child checking that the bedroom is tidy, that there are clean and properly ironed clothes to wear, that he has had a wash, groomed hair etc.

A key worker should take regular interest in the child's health - dentist, doctors, and opticians. These need booking and ensuring that regular check-ups occur. Make sure the child has adequate clothing - bought, cleaned, dried and ironed. Ensure that your child is clean and presentable. It both shows that we care and helps improve their self-esteem. Key workers should monitor young people's bedrooms ensuring they are clean, personalised, in good state of repair and well equipped, personal belongings and clothes stored and safe. They should also ensure they have appropriate toiletries provided/replaced and that the young person knows how to maintain a good standard of personal hygiene.

Know your keychild - their file, background and family details; know their interests and hobbies; encourage them to take part, join clubs etc.; what makes them happy, sad and angry; what frightens or worries them. Then try to ease or reduce their concerns by offering advice, guidance or direction. If necessary get help but don't leave the child alone. Have an individual session with your Key/link child as appropriate to create an opportunity for you to talk about how he is doing, issues to address, possible ways to behave differently, planning for the short and medium term etc.

It is an important key working responsibility to plan for the future by remembering birthdays and anniversaries and making them special.

Keep all the other staff informed and up to speed about what is happening in the child's life and advocate on your child's behalf.

Keep your keychild informed about what changes are happening in their lives, here at Glebe House, in their overall plan, with the social worker and at home with their family. The key worker is responsible for the child even when they are absent. If issues need to be dealt with when you are off duty make sure you inform the Home's Manager or colleagues. If you are likely to be away on leave plan ahead; don't leave the child alone wondering what is going to happen in your absence. At times depending upon the needs of the young person it may be appropriate to have a colleague stand in to support the keyworking role in your absence.

Likewise Therapists organise cover for when they are away on absences

There is a designated role of Homemaking for a member of the milieu team working during the daytime on weekdays. They provide an extra level of support around the management of the environment including resident bedrooms.

### **3.2 Equality and Diversity for Children and Young People**

We encourage children to develop respect for themselves and for others

We deliver services that recognise and build on the strengths of children and young people from all cultures, religions, gender, age, sexual orientation, ability and backgrounds; in ways that meet their needs and help them to achieve their full potential.

Every effort is made to ensure that the home are welcoming to all children and young people and others significant in their care and wellbeing; this effort is reflected in the communication around the Home, including: posters, information boards, displays and leaflets. In addition to this, resources used to develop work with children and young people are chosen for their suitability and anti-oppressive nature.

Children are offered opportunities to try out new experiences, which are not restricted by traditional gender options.

Staff are expected to challenge attitudes, behaviour and language that are non-inclusive and discriminatory, in a positive way. Community Meetings are a forum to challenge discriminatory attitudes and behaviours. The residents are encouraged to challenge each other particularly as some of the attitudes and behaviours expressed mirror offending patterns.

Managers are expected to monitor the range of children and young people placed within the Home in terms of ethnicity, gender and disability. This is to ensure the service provision is reaching all and not creating barriers to certain groups.

#### **Inclusion for Children and Young People**

All children are given the opportunity to be cared for and educated. Where possible this is alongside their peers in order to develop their full potential.

Children are encouraged and supported to understand their rights and be well-informed about ways of challenging discrimination.

Key workers and Clinical Practitioners are expected to identify local community resources that contribute to meeting the needs of individuals- these are highlighted and promoted and where they do not meet required needs alternatives are sought and suitably identified regardless of geographical location.

Children are cared for by staff who have been suitably trained in all aspects of equality and diversity including legislation and their responsibilities.

Managers are expected to examine ways in which diversity can be valued and activities adapted to meet the Individual child's needs including food preparation and menu choices. Staff are expected to acknowledge the importance of maintaining a link between the child's home and the Children's Home in meeting the individual's need.

Staff are expected to offer appropriate support to aid inclusion and ensure that the children and young people can fully participate in the Home's activities. If necessary seek additional support in order to do this.

Additional support is offered to staff and/or Children who are finding difficulty in understanding diverse or complex situations.

### **3.3 Respecting and involving young people**

Young people's programmes are tailored to their individual needs; this includes developing a personalised treatment plan (ITP) which incorporates care, independence, educational and therapy. We have recently introduced Behavioural Management plans 'live documents' which keyworkers and therapists develop during a resident's journey. These consider areas of aggression, absconding, physical intervention, sexual boundary management and self-harm. The young people are actively involved in developing their programme and their wishes and feelings are sought regularly in respect of this, through both formal (individual treatment programme reviews) and informal processes (community meetings).

#### **Independence programme**

Our comprehensive Independence Programme begins at the time that a young person first visits us for a residential assessment. At this point a needs analysis is undertaken and each young person will receive a tailored programme designed to enhance and develop their independence skills.

This work is supported by 'My Life Skills Workbook' This individualised work book has the following sections

- Communication
- Social skills
- Looking after myself
- Everyday skills
- Living skills
- Keeping safe skills
- Motivation skills
- Leisure skills
- Out and about skills



These books are completed during a resident's placement and offer structure, goals and time frames for the work. Over time residents will take more responsibility for their own care culminating in a move to an independence bed-sit where they will cater for themselves. Many of our residents will then move into the bungalow. This building is on site and receives staff support commensurate with the ability level of those young people in residents.

### **Community Meetings**

At the core of our programme are the three daily Community meetings. Each meeting is chaired by a Resident Chairman. The meetings offer an opportunity to reflect on recent events in the Community, enabling residents to give and receive feedback and to explore the dynamics present within the milieu at any given time, in the context of their past experiences. Decision making is framed by the Four Cornerstones: Democracy, Communalism, Reality Confrontation and Tolerance/Permissiveness and the group tries to reach a consensus about any action that might be taken.

### **Chairman Role**

All residents regardless of ability and status can apply to be Resident Chairmen. This role carries a great deal of authority, responsibility and the opportunity to use power appropriately. Chairmen not only facilitate community meetings, they also attend staff interviews, take a lead role in inspections, sit on the Health and Safety Committee and contribute to policy making. The selection and interview process is rigorous and many chairmen go on to be Mentors, working to support Chairmen and the community.

## **3.4 Caring for Children from Minority Ethnic Groups**

### **Creating the Right Culture**

In order to achieve this level of care, the culture must be one where children of all races are valued equally and no form of racism (or indeed any other kind of prejudice) towards adults or children within or outside the home is acceptable or will be tolerated. It is the role of every staff member to ensure that this culture is engendered and maintained. Racism is not tolerated, and the culture of every home is one in which racial, religious and cultural differences are respected and explored.

### **Racist Behaviour**

Racist behaviour is not tolerated, and any instance of racist language or behaviour will be dealt with swiftly and firmly. The perpetrator will be informed that it is unacceptable, will be required to make some reparation where possible and the subject will be discussed with the community at the earliest opportunity. This goes for adults as well as children; it is vital that all staff act as positive role models to young people. Racist acts by staff will be considered as a disciplinary matter. Racist language or behaviour can be viewed as another form of bullying and therefore this policy must read in conjunction with Countering Bullying Procedure.

### **Open Discussion**

We take all reasonable steps to encourage staff and children to air their thoughts, opinions and feelings. Inevitably feelings of difference form a significant part of these discussions.

Where this occurs, children are helped to reflect on this as they are helped to process instances where they have felt different and may have been subject to others' prejudice.

Most children who live in our homes have very acute feelings of being outside a group, for various reasons, but particularly because they are living away from their families and outside the mainstream of society. In addition to this many children come originally from families who have found it difficult to fit in and have lived on the margins of society; these experiences of being 'outside' have often been compounded by multiple placement moves and experiences of rejection. Some of these experiences will have racial, ethnic, religious and cultural components.

In any case everyone is capable of really understanding the feelings of prejudice, of being judged before somebody has taken the trouble to get to know you, just on the surface information they have. Children are encouraged to gain knowledge and appreciation of different races through educational, sports, drama, musical, visual and culinary arts. They are supported in sharing and exploring these values with one another. The group living experience offers a great opportunity to understand the beliefs and culture of those from a different race and we are proud of these differences. The group living experience provides opportunities to share and celebrate our differences.

### **Identity**

Great store is set by each child's individuality and identity in terms of their history, experience, racial origin, ethnicity, religious belief and cultural and linguistic background. We respect the dignity and privacy of each child, with due regard for these factors as well as gender and disability.

The provision of day to day care ensures that the needs and wishes of all young people are ascertained, respected and met wherever possible, particularly bearing in mind ethnic, religious and cultural factors. Individual time with keyworkers and other staff as well as frequent group meetings ensure that staff are able to keep abreast of developing needs and wishes. It is the role of all staff to support all young people to recognise and feel pride in their ethnic origin so that they are able to carry a sense of history and of their roots, both of which are important in forming a positive identity. Significant discussions will be recorded as appropriate so that ITPs can be suitably adjusted and parents and social workers can be included.

### **Prayers**

Where special privacy is needed in order to pray during the course of the day consideration will be given to how best to provide this, whilst also considering the impact on other children and the group as a whole.

### **Medical Implications of Religious Background**

Where a religion or religious sect prohibits certain forms of medical treatment or requires disfiguring or disabling operative or mutilating treatment, a balance needs to be reached between a parent's legal rights and responsibilities, the relevant authority's view of the young person's best interests and the views of those who know the young person well. Efforts will be made through the social worker to obtain written information with regard to

health rules of any particular religion or any medical health rules proposed and, if necessary, legal advice will be sought.

### **3.5 Relationships and Physical Contact with Children**

#### **General**

Suitable arrangements should exist in all homes for matters relating to physical contact, intimate care, enuresis, encopresis and other aspects of children's personal care.

#### **Physical Contact**

Staff must provide a level of care, including physical contact, which is designed to demonstrate warmth, friendliness and positive regard for children.

Physical contact should be given in a manner that is safe, protective and avoids the arousal of sexual expectations, feelings or in any way which reinforces sexual stereotypes.

Whilst staff are actively encouraged to engage with children, it is not acceptable to play fight or participate in overtly physical games or tests of strength with the children.

#### **One to One Time Alone With Children**

Where staff's daily work brings them into a one to one situation they should remember to inform other staff why this is necessary and where this will be taking place.

Staff should always try to keep doors open unless this constitutes a breach of privacy for the child. In these instances it may be necessary to undertake a risk assessment of the situation.

Where a member of staff has to work in isolation or on duty on their own a risk assessment must be carried out.

If an accident happens whilst in this situation make sure an accident report form is filled in and signed by all parties

If anything 'unusual' or self-harm happens fill in an incident report form and make sure a witness signs it.

Giving first aid or personal care (where deemed necessary on the Placement Plan), should be recorded on the relevant format.

If any member of staff is uneasy about the behaviour of others who are putting himself or herself or the child at risk they must inform the managers of the home.

Where a member of staff feels that the unease is centred on the Registered Manager they must report this to a manager outside of the Line Management of the Home, or to the child's social worker.

Any allegations, suspicions and/or disclosures of abuse should be reported as per Child Protection Referrals Procedure.

**Intimate Care** (this would only occur through the young person acquiring an illness or injury)

Children must be supported and encouraged to undertake bathing, showers and other intimate care of themselves without relying on staff.

Such arrangements must emphasise that children's dignity and their right to be consulted and involved will be protected and promoted; and, where necessary, staff will be provided with specialist training and support.

Unless otherwise agreed, children will be given intimate care by adults of the same gender.

### **Enuresis and Encopresis**

If it is known or suspected that a child is likely to experience enuresis, encopresis or may be prone to smearing it should be discussed openly, with the child if possible, and strategies adopted for managing it; these strategies should be outlined in the child's ITP.

It may be appropriate to consult a Continence Nurse or other specialist, who may provide advice on the most appropriate strategy to adopt. In the absence of such advice, the following should be adopted:

- a. Talk to the child in private, openly but sympathetically;
- b. Do not treat it as the fault of the child, or apply any form of sanction;
- c. Do not require the child to clear up; arrange for the child to be cleaned and remove then wash any soiled bedding and clothes;
- d. Keep a record, either on a dedicated form or in the child's Daily Record with detail, if necessary, in a Detail Record;
- e. Consider making arrangements for the child to have any supper in good time before retiring, and arranging for the child to use the toilet before retiring; also consider arranging for the child to be woken to use the toilet during the night;
- f. Consider using mattresses or bedding that can withstand being soiled or wet.

### **3.6- Sleeping In and Night Security**

At night time there are a minimum of two staff on duty. They are a sleeping in person who goes to bed and is woken if necessary and at least one member of the waking night staff team.

The waking night staff are responsible for monitoring the safety and whereabouts of the residents ensuring that they are all in their rooms during the night. They are also responsible for the security of the building and the grounds.

A continuous loop infrared CCTV system monitors the site entrances, and other designated areas, supported by various security lights which are activated by PIR sensors if there are any movements around the grounds. These are in place to protect the young people from external individuals accessing the property.

Areas of the campus that hold sensitive data and equipment are protected by intruder detection systems

### **3.7- Bedrooms**

#### **Bedroom Furniture, Facilities, Equipment and Decoration**

Young people's bedrooms are pleasantly furnished, equipped and decorated in a manner appropriate to their individual needs, interests and choices. Young people are encouraged to personalise their bedrooms, with posters, pictures and personal items of their choice. Young people are encouraged and supported to purchase furniture, bedding, equipment or decorations; as part of the overall plan to prepare the young person for independence. Each resident has a room budget to personalise their bedrooms during their placement.

### **Bedroom Security and Keys**

All bedrooms are fitted with locks. Each young person holds a key to their room. They have adequate, safe, storage for their belongings and medicines, if permitted to administer their own.

### **Staff/Carers Presence in Bedrooms**

Children's privacy should be respected. Unless there are exceptional circumstances, staff should knock the door before entering children's bedrooms; and then only enter with their permission.

The exceptional circumstances where staff may have to enter a child's bedroom without knocking or asking permission are as follow:

- To wake a heavy sleeper, undertake cleaning, return or remove soiled clothing; though, in these circumstances, the child should have been told/warned that this may be necessary;
- To take necessary action, including forcing entry, to protect the child or others from injury or to prevent likely damage to property. The taking of such action is a form of Physical Intervention.

Please read 6.12 Safeguarding – searching residents' rooms in conjunction with this policy.

## **3.8- Clothing, Pocket Money and Allowances**

### **Allowances**

Each resident can expect to be given £7.50 pocket money every week. This can be topped up by belonging to a workgroup. A workgroup is a team responsible for certain areas such as recycling (up to £3 weekly) and homemaking. The amount you earn for homemaking depends on the tasks you undertake. The resident chairmen are paid to undertake this task. They can earn up to £14, £7 of which is put in savings towards a lump sum when you leave.

Each resident receives £40 every month for clothing. Residents are able to access clothing monies through negotiation with their key worker. This helps ensure that they have always have adequate and appropriate clothing.

Residents can also earn money for attending and engaging in education and doing work experience outside of academic time through negotiation.

Residents are given protective overalls and footwear for grounds work, access to the project workshop and other workshop areas.

Glebe House supports the idea of service users having access to a range of social, educational, recreational and faith based activities. It is important to remember the mandate for stringent, context based, risk assessments. These may limit residents' access to events in the wider community.

When residents move in to the independence phase of their programmes and start self-catering, and paying towards their own utilities, clothing, toiletries and so on their allowances reflect state benefit allowances.

### **3.9 Contacts, Overnight Stays and Social Visits**

#### **Approving and Planning Contact**

The Children Act 1989 stipulates that family contact should be generally regarded as a positive and residential homes should seek to establish and maintain family links. The staff at Glebe House acknowledge this legislation, and will take into account both the age of the young men in the Community and possible child protection matters in considering family contact.

Family contact at the home of the resident will often be supervised by Glebe House staff and may be seen as positive relationship building with the resident's keyworker or Clinical Practitioner(Therapist). This should be negotiated through the referring authority. There is also the facility of David House where on-site contact can be facilitated and provide residents private uninterrupted family contact. Residents are permitted to make 'phone calls to family on the office 'phone. These calls are monitored and supervised. The residents have access to a wander phone to make calls in private.

#### **Parents, Relatives and Friends**

No contact may be permitted between children and their parents, siblings, relatives or friends without the approval of the social worker - preferably outlined in the Placement Plan. We will do all we reasonably can to encourage contact with parents and relatives but we have a duty to protect children's rights and interests. Therefore contact with parents or relatives must be planned/ agreed with social workers in consultation with children, and clearly set out in Placement Plans.

If parents or relatives arrive without prior agreement, staff should politely and sensitively explain that they cannot allow contact until the manager/social worker has been consulted; and then consult the manager. If there appear to be any immediate risks to the child or others, staff should seek guidance and support from a manager or, in exceptional circumstances, the Police. In relation to planned contacts, before or upon arrival parents and relatives will need a fuller briefing including information on how to react if there are problems or if children make offensive suggestions. If they are staying for longer periods particularly overnight they will need a full fire precautions briefing.

#### **Supervised and Unsupervised Contact**

The need to supervise contact should be considered as part of the assessment and planning process and any arrangements set out in the child's Placement Plan. This restriction should only be as a result of a court order or as a result of consultation with the Placing Authority

and this should always be as part of the planning process. These agreements must be in writing and regularly reviewed.

### **Unsupervised Contact**

Children may only have unsupervised contact with parents and siblings with the agreement of the Placing Authority and where the arrangements for such contact are set out in the Placement Plan.

### **Supervised Contact**

The need to supervise contact should be considered as part of the assessment and planning process and any arrangements set out in the child's Placement Plan.

This restriction should only be as a result of a court order, as required by a Child Protection Plan or by agreement with the parent(s), for example, where a child may be disruptive or the parent(s) require other assistance whilst having contact with their children. It is also essential to consult the Placing Authority and this should always be as part of the planning process. These agreements must be in writing and regularly reviewed.

Where supervised contact is deemed appropriate or necessary, the reasons should be clearly recorded and the role of the care worker(s) as supervisor(s) clearly defined by the social worker or Registered Manager (Clinical) and recorded.

### **Staff visiting family homes**

If it is likely that staff will visit children or supervise them in the family homes, they must consult the social worker beforehand - and a risk assessment should be completed. Advice should be provided to staff on the risks and strategies they should adopt.

If staff are confronted with unacceptable behaviour during the visit, they should attempt to comply with the guidance provided by their Home Manager or in accordance with their training/skills and the principles or procedures outlined in this manual.

If staff feel at significant risk, they should leave, preferably with the child, and contact the manager or the Police at the first opportunity.

### **Concerns during Contact**

Should staff have any concerns about their own, the child's or other people's safety during contact they should inform/consult the Home Manager or on call manager. If this is not possible, staff should take what reasonable steps they can to reduce or prevent any risk or, in exceptional circumstances, they should notify the police.

If the police are called to assist with the management of a contact it is deemed to be a notifiable event and should be reported to the Area Managers, the Regulatory Authority and others see Delegated Authorities and Notifications Procedure.

### **Recording of Contact**

Dates of contact are recorded on the resident files in the Clearcare online recording system. Any concerns about the contact should be discussed with the Home Manager, who may

decide to consult the social worker. As necessary, future arrangements must be amended as a result of such consultations, and set out in the Placement Plan.

### **Cancellation of Contact**

Under normal circumstances, the arrangements for contact with Parents and Siblings may not be cancelled or changed without the authority of the Registered Manager. However, the Registered Manager may impose a restriction, prohibition or condition upon contact which is necessary for the purposes of safeguarding or promoting the welfare of the child in question e.g. if the child may be at risk or the child is too ill to attend, if the contact were to go ahead. If such a decision is made by the Registered Manager, the parents/family should be notified as quickly as practicable and the Social Worker must be notified within 24 hours (or one working day).

Contact arrangements must not be withdrawn as a Sanction imposed on a child. It may be deemed as a consequence to unsafe or dangerous behaviour which may put themselves or others at risk.

### **Review of Contact Arrangements**

Contact arrangements, including the continuing need for supervision, should be reviewed in the Child's Looked After Review and the ITP.

Where the child is subject to a Child Protection Plan the contact arrangements should be reviewed as required in the Child Protection Plan.

Where a child Contact Order is in force and it is considered that the contact arrangements set out in the Order should be altered, legal advice should be obtained by the social worker as to the need to seek a variation of the Court Order.

### **Termination of Contact**

Where it is considered that the child's contact with the parents should be suspended or terminated, the social worker must be consulted.

Where the child is the subject of an Emergency Protection Order, Interim Care Order or Care Order, an application to the Court for authority to terminate the contact will always be necessary.

If contact is suspended or terminated, the social worker must amend the child's Placement Plan and the Manager of the home must ensure the child's ITP reflects the decision. Where the child makes new friends (including neighbours) whilst placed, significant unsupervised contact and overnight stays should not normally be made unless the social worker has been consulted and has arranged for the checks and assessments outlined above to be undertaken. The arrangements should then be set out in the Placement Plan.

### **Social Visits**

All Social Visits outside of the standard programme will be undertaken only once there has been consultation with the Social Worker and any risk assessments have been undertaken.



### **3.10- Correspondence, Communication and Social Networking**

#### **Key Principles**

The Children's Homes National Minimum Standards explicitly state (Standard 9 Promoting and Supporting Contact) that children should be supported and encouraged to maintain and develop family contacts and friendships, but this must be subject to any limitations or provisions set out in their ITP, placement plan and any court order.

Regulation 15 of the Children's Homes Regulations state that the registered person (Home's Manager) shall ensure that children are provided, at all reasonable times, with access to a telephone on which to make and receive telephone calls in private; and facilities to send and receive post and, if the necessary facilities are provided for the use of children accommodated in the home, electronic mail, in private.

However, Children do not have an absolute right to have access to these communications at all times; only at reasonable times. Also, there is an overriding responsibility upon Home's Managers to take measures to protect Children, their staff and others from significant harm, injury and to prevent criminal offences from being committed. To this end, Regulation 15 and Standard 9 clearly state that restrictions should be placed upon Children where necessary to do so; either as part of their Care/Placement Plan or in an emergency. This can include the withdrawal or confiscation of mobiles and other devices, even those owned by the Child - if it can be shown that the mobile/device is being or may be used to place the Child or others (including staff) at risk. This could include the use of internet or social networking sites and the exchange of images/video clips or posting of them on such sites e.g. as a form or cyber bullying.

As part of the placement process, Home's Managers must ensure that consideration is given to whether Children are allowed to use the telephone, mobiles, computers, the internet or other forms of communication in order to have contact with their family, relatives or friends. If there is any risk from such contacts or from the use of mobiles or other communications, this must be addressed and the arrangements or restrictions built in to the Child's Placement Plan. This can include restrictions on carrying mobile phones and/or supervising Children when using them. However, if restrictions are imposed, the arrangements should be reviewed and the arrangements changed if the risks reduce.

Children can have access to telephones, mobiles (only at the end of placement subject to risk assessment), computers or other forms of communication at reasonable times, dependent on risk.

At any time, the Home's Manager may withdraw use of mobile phones and other devices where it is considered that they are being used or may be used to place the Child or others at risk of Significant Harm, in order to cause serious damage to property or to commit a criminal offence. Preferably, withdrawal should be by agreement with the Child; if agreement is not forthcoming, the Home's manager should apply the same principles as set out for searching a Child without consent, in Searching Children/Bedrooms Procedure. At any time, if staff consider that a Child or others may be at risk from having access to telephones, mobiles, computers/the internet or other forms of communication, they must take steps to reduce or prevent the risk.

If the risk is of Significant Harm (including Cyber bullying), serious damage to property or of a criminal offence being committed, staff must consider withdrawal/confiscation. Preferably, withdrawal should be by agreement with the Child; if agreement is not forthcoming, the Home's manager should apply the same principles as set out for searching a Child without consent, in Searching Children/Bedrooms Procedure.

If any such restrictions are imposed, the Home's Manager and child's social worker must be notified within 24 hours and consideration must be given to whether any on-going restrictions should be imposed upon the Child; any arrangements for on-going restrictions must be outlined in the Child's Placement Plan.

If such exceptional action is taken, the child's Social Worker must be notified within 1 working day.

If a child is prevented from having access to a telephone, or access is reduced, it is deemed to be a Safeguarding matter and must be recorded as such.

Due to Court orders and other risks no young people will have unsupervised internet usage unless towards the end of their placement after thorough risk assessments.

### **Confiscating Items**

As set out above, mobiles or other devices may be removed by staff if they believe the device is being or is likely to be used to cause Significant Harm or serious damage to property - even if they are owned by Children. If items are removed, they must be passed to the Home's Manager, who must record the removal and come to a decision about whether to confiscate the device.

Confiscation is reasonable where the Home's Manager considers that the device will be used in a manner which will place the Child or others at continuing risk of Significant Harm, in order to cause serious damage to property or if there is a suspicion that the device is not owned by the Child e.g. stolen. In such circumstances, the Home's Manager should pass the device to the Police or keep it safely in the home.

If the device is owned by/the property of the Child, the Home's Manager may retain it until satisfied that it will be used reasonably i.e. in a way that does not place the Child or others at risk.

### **3.11- Holidays and Trips**

#### **Holidays or Trips in the UK**

Where there is a proposal for a child to go on holiday or a trip in the UK, the relevant social worker should give approval, unless it has previously been agreed this is not necessary (which may apply for holidays or trips up to four days as set out in Overnight Stays and Social Visits Procedure) that the home can make the arrangements without seeking approval. Where the holiday or school trip will interrupt contact arrangements between the child and parents or siblings, consideration should also be given to making alternative suitable arrangements.

#### **Holidays or Trips Outside the UK**

Where there is a proposal for child to go on holiday or trip abroad, the child's social worker must always give approval, having where necessary consulted the child's parents. If the child requires a Passport, the social worker should be consulted on the procedures within the local authority for it.

For more information see Guidance Notes for Social Services Departments when applying for passports on behalf of 'Looked After Young people'.

Where the holiday or trip will interrupt contact arrangements between the child and parents or siblings, consideration should also be given to making alternative suitable arrangements. Any Legal Mandates affecting foreign travel will be considered and appropriate steps taken.

### **3.12 Leisure and Activities**

#### **Pre-Activity Planning and Authorisation**

As soon as it is known an activity or series of activities are likely or necessary, the manager must be consulted and should oversee and approve all arrangements or delegate another person to act on the manager's behalf. All arrangements must be recorded and signed off by the Home's Manager or delegate.

If only one member of staff is taking part, it is always assumed that person is in charge or responsible for the activity. Where more than one staff are taking part, one person must be designated Group Leader (or person in charge) and other staff should be given other responsibilities/roles as necessary. These other responsibilities must be overseen by the Group Leader and approved by the manager.

The Group Leader may complete a [Risk Assessment](#). The Group Leader must prepare and produce a route, timetable or schedule for the activity, including dates, times of travel, vehicle(s) to be used, the location of planned breaks, places/locations to be visited and people to be visited.

The Group Leader must identify the young people who will be taking part in the activity and consider what arrangements or plans must be made, taking account of:

- a. Care Plan, Placement Plan or other relevant plans;
- b. Recent/relevant events/incidents;
- c. Group dynamics, staff/child relationships;
- d. Safeguarding Issues;
- e. Violent or other offending behaviour;
- f. The healthcare or mental health needs of the young people;
- g. Level of disability and associated special needs.

A list of staff or other responsible adults who are likely to take part must be drawn up. At least one member of staff should be known to the young people taking part and there must be one member of staff. The staff/adults taking responsibility for the young people must be provided with relevant information about the young person to enable the activity to be undertaken safely.

The Group Leader must ensure the young people/staff ratio's are adequate to meet the needs of the young people and the risks posed. For example, where there is a risk of violence, hazardous activities are undertaken or remote locations are used.

Where there is a risk of confrontational or violent behaviour, the Group Leader/Manager must ensure that staff undertaking the activity are suitably trained and are familiar with procedures and guidelines contained in this manual relating to Behaviour Management, Incidents and the use of Physical Intervention.

The Group Leader must ensure that all relevant people are notified.

### **Insurance**

Glebe House has Public Liability Insurance.

Holidays outside of the United Kingdom or hazardous activities may require additional insurance. In these circumstances, the Group Leader should consult the manager. When using public facilities e.g. leisure centre or hazardous activities staff should ask to see a valid copy of the current insurance certificate and record any findings on the relevant Activity Risk Assessment.

### **Financial Arrangements and Meals**

The Group Leader must decide what financial arrangements are necessary, and agree them with the manager. The manager must decide how finances will be recorded.

The Group Leader must ensure that adequate arrangements are made for meals, breaks; taking account of the dietary, healthcare and cultural needs/choices of the young people and staff.

### **Adventurous Activities**

If an activity holiday is proposed, the name of organisation, activities involved type of accommodation, address and phone number of organisation should be obtained.

There are a number of checks which must be made on activity holidays.

These must be undertaken by the Group Leader unless the holiday has been arranged by the child's school, the school should be asked to confirm that these checks have been made and that sufficient staff or subcontracted staff will be present to supervise the young people.

### **Organisations registered with the Adventure Activity Licensing Authority**

The Group Leader should confirm that the organisation is licensed with the [Adventure Activity Licensing Authority](#). The licence registers the organisation for sports in 4 categories (caving, trekking, mountaineering, water sports) and the conditions in which it is licensed to provide them. The Social Worker/Group Leader should look for:

- Licence number. This will be a double number e.g.: L1234/R5678;
- You should verify the licence by ringing the Licensing Authority (see link above);
- What sports and conditions it is licensed for.

The licence is an indication of the standard of health and safety the organisation achieves. It also indicates that police checks and references have been taken up for staff.

## **Organisations not registered with the Adventure Activity Licensing Authority**

Some activities, which contain an element of risk fall below or outside of the licensing level and requirements. For organisations not licensed with the [Adventure Activity Licensing Authority](#), the following checks should be carried out:

Ask for the following:

- A list of staff and their qualifications for the activities offered;
- Whether all staff and volunteers are police/DBS checked;
- Whether references are taken up on all staff and volunteers;
- Whether the organisation undertakes formal risk assessments on the activities; ask to be sent copy/copies of the risk assessment(s). These should identify risks as well as measures and procedures by which the risks are controlled.

## **Accommodation**

### **Accommodation (Indoors)**

- a. The immediate accommodation area should be exclusively for the group's use;
- a. There should be heating and appropriate ventilation;
- b. The accommodation must be safe i.e. locks on doors;
- c. The accommodation must have a fire alarm;
- d. The whole group must be made aware of the layout of the accommodation;
- e. There must be adequate space for storing clothing;
- f. There must be adequate lighting (take a torch);
- g. There should be recreational accommodation/facilities wherever possible.

### **Accommodation (Outdoors)**

The above should be taken into consideration. For camping, there are numerous additional considerations to be taken into account, e.g. safety issues, security, cooking safety, fire. All concerns should be part of the risk assessment.

## **Sleeping Arrangements**

Wherever possible, there should be separate /bathroom facilities for young people and staff. Wherever possible, staff should supervise the young people at night (and remain in gender specific rooms).

A rota should be devised to enable the maximum supervision possible. The on call person should not retire until the young people have been settled for one hour. Individual/group needs must be taken into consideration at night e.g. a young person prefer not to sleep in a dormitory setting. Are there any child protection issues? Sleeping arrangements must reflect the fact that staff have considered the individual needs of and associated risks to young people on the activity. Sleeping arrangements must be detailed in the plan and approved by the Manager.

## **Absence Whilst on an Activity**

If a child becomes Absent (Absent Child is the generic term for young people who are Missing, whose absence is Unauthorised or who have Absconded) it will be necessary to follow the procedures set out in **Absent of a Child Without Authority Procedure**. in the safeguarding policy.

### **Guidance re Risk Assessments**

Home's Manager must ensure that any activities or leisure pursuits in which young people participate are, so far as reasonably practicable, free from avoidable risks and, on a day to day basis, staff should take reasonable precautions and make informed judgements about when to allow young people to participate in an activity. Excessive caution is unnecessary and young people should be provided with the opportunity to take risks proportionate to their age, level of understanding and in the light of assessments, historical knowledge and plans/strategies that are in place. For example where the behaviour or choices that have previously been made by a child are poor or have placed them or others at risk, caused injury, harm or damage to property, staff must take this into consideration when planning activities.

It is not necessary to undertake a separate Risk Assessment for each activity/trip or for trips/activities which clearly pose a low risk to the young people e.g. outings to the picture or shopping; in such circumstances, staff should use their previous knowledge of the activity and of the young people.

The Manager or person delegated to oversee the activity must approve a completed a risk assessment in advance.

A risk assessment for a visit need not be complex but it should be comprehensive. It does not generally require technical formulae or professional health and safety expertise, but specialised information for some visits may be necessary and Managers must ensure that the person assessing is competent to do so.

A formal assessment of the risks that might be met on an activity should have the aim of preventing the risks or reducing them. Young people must not be placed in situations which expose them to an unacceptable level of risk. Safety and protection of all concerned must always be the prime consideration. If the risks cannot be contained or managed, the activity must not take place.

The risk assessment should be based on the following considerations:

- ITP, Placement Plan or other relevant plans;
- Behavioural Management Plan information
- Recent/relevant events/incidents;
- Group dynamics, staff/child relationships;
- Safeguarding Issues;
- Violent or other offending behaviour;
- The healthcare or mental health needs of the young people;
- Level of disability and associated special needs;
- What are the hazards?
- Whom might they affect?
- What safety measures need to be in place to reduce the risk to an acceptable level?
- Can safety measures in place?
- What steps will be taken in an emergency?

In undertaking the risk assessment, all staff taking part and young people who are capable of making informed decisions should be consulted and a record the risks should be made and seen/approved by the manager.

The staff member should take the following factors into consideration when assessing the risks:

- The type of visit/activity and the level at which it is being undertaken;
- The location, routes and modes of transport;
- The competence, experience and qualifications of the staff;
- Ratios of young people to staff;
- The group members' age competence, fitness, and temperament, and the suitability of the activity;
- The healthcare needs of the young people;
- The quality and suitability of available equipment;
- Seasonal conditions, weather and timing;
- Emergency procedures;
- The need to monitor risks throughout the activity;
- The young people's backgrounds i.e. offending, health, absconding, child protection, drugs.

When approving the Risk Assessment and subsequent plan for the activity, the Manager should determine what latitude the staff have to change the plan, the need for a contingency plan, an 'on call' or backup procedure to provide support, advice or direction to the staff once the activity/trip has started.

### **3.13 Transporting Young People**

Staff will need to have appropriate breaks in driving to ensure safety, it is recommended that staff rest or change drivers every 2 hours.

The following must be taken into account:

- Passenger safety;
- Competence of the driver;
- Awareness of driver's hours;
- Traffic conditions;
- Contingency funds and arrangements in case of breakdown/emergency;
- Weather;
- Journey time and distance;
- Stopping off points for long journeys and toilet breaks - 20 minutes every 2 hours;
- Appropriate seat belts must be used and fastened (see end of this section, below, for requirements);
- The transport must have a first aid kit;
- A mobile telephone should be taken/carried by each member of staff. If mobile 'phones are not carried suitable arrangements should be made to enable communication between staff undertaking the activity.

A First Aid Kit must always be carried on the vehicle. Where outdoor activities are planned, suitable First Aid Kits should be carried away from the vehicle. Before setting out, staff must ensure that suitable mechanical checks are undertaken in relation to the vehicle.

Grab bags are available for each vehicle containing items such as emergency rations, torches and high visibility vests.

### **Transporting young people**

Where a risk assessment states that a young person should be accompanied by more than one member of staff, this must be adhered to.

Young people may be allowed to sit in the front of vehicles. If young people are required to sit in the rear of the minibus, they must be accompanied by staff, however there may be occasions when young people are allowed to sit in rear of cars without a staff member. Young people may not hold or be responsible for vehicle keys.

All vehicle occupants must wear seatbelts.

Young people must not tamper with or use any controls except, the radio/stereo or heating. If it is assessed that a young person may be distressed whilst in the vehicle or a young person becomes distressed to the extent that the safety of the vehicle or occupants may be compromised, the vehicle must be stopped; preferably in a lay-by or suitable stopping place. However, the vehicle may have to be stopped at the side of the road or on the hard shoulder of a motorway. In these circumstances, the hazard warning lights should be activated, the occupants should get out of the vehicle and stand well away from the road, and the emergency services must be summoned.

If the safety of the occupants is compromised, with the risk of Injury or Damage to Property, Physical Intervention may be used or the Police should be called to assist

All Company vehicles that are used for transporting young people must be smoke free and must show the international 'No Smoking' symbol. It is the legal responsibility of anyone who drives, manages or is responsible for order and safety on a vehicle, to prevent people from smoking.

No staff member should use their mobile phones whilst at the wheel of any vehicle used for company business.

### **3.14 Provision and Preparation of Meals**

#### **Provision of Meals**

Home's Managers must keep a record of menus (as served) demonstrating provision of a suitable and varied diet.

The following are accepted as good practice requirements in our homes:

- That all children are provided with food in adequate quantities, properly prepared, wholesome and nutritious;
- That Children's cultural, ethnic and religious backgrounds and dietary needs and choices (including the choice of vegetarian meals for children who wish it), will be accounted for in the preparation of meals;



- Medical advice must be sought if children consistently refuse to eat and for those who over eat or have other eating disorders, any strategies must be agreed with the Social Worker and outlined in the Child's Placement Plan;

### **Hygiene and Food Safety Guidelines**

All care staff are expected to undertake mandatory training in Hygiene and Food Handling as part of their induction process and in all cases must have completed this course within six months of commencing employment.

This training covers the following areas:

1. The safe purchase and transportation of food; the safe storage and shelf life of various food products; the risks of failing to observe good practice in hygiene and food handling; basic understanding of simple bacteria and the processes by which food can become harmful; the necessary precautions to take to keep hair and skin fragments from contaminating food during preparation; rules governing the disposal of waste food; how to maintain and monitor a fridge and freezer at the correct temperature;
2. Knowledge of how to maintain hygiene of food preparation areas using appropriate cleaning products and how to ensure that chopping boards, knives and other implements are kept separate for tasks relating to different kinds of food items as appropriate to the levels required in a domestic setting.

Where staff fail to observe any of the elements described above after having completed this training, this will be treated as a competency issue.

Young people are helped to understand the importance of hygiene and food handling as part of the process of preparing them for independence. If young people are likely to undertake food preparation or other work in kitchen, the Home Manager must ensure a Risk Assessment is undertaken and identified risks are suitably managed.

As part of fire training, staff will be made aware of the special hazards that kitchen fires present.

### **Food Hygiene Analysis**

All shelves in fridge are labelled according to food hygiene recommendations. Store raw meats, fish and poultry well covered on the bottom shelf of the fridge so they can't drip onto other foods; Allow food enough time to thaw. Never re-freeze food once it has started to thaw. Thaw food by placing it on the bottom shelf of the fridge in a container to catch any juices. These juices can be contaminated so wash dishes and hand thoroughly after use. All refrigerators to have thermometers, which are checked and the reading recorded daily; All freezers to have thermometers, which are checked and the reading recorded daily; Don't store opened tins of food in the fridge - transfer the contents to a suitable airtight container instead;

Dates on food checked weekly or when product is used, whichever is the sooner;

'Use by' dates are found on perishable foods (such as fresh meat and poultry, salads, dairy products etc.) and refer to the date before which the product can be safely eaten. It's illegal

for shops to sell products that are past their 'Use by' date as they may pose a health hazard if they are eaten. Some products marked with a 'Use by' date may be frozen after purchase and then used within a specific period of time. It's important to read and follow the freezing instructions on these products very carefully;

**'Best before'** dates are found on tinned, dried or frozen goods with a shelf life of three months or longer. 'Best before' dates are intended to ensure the quality rather than the safety of these products. Products that have passed their 'Best before' date may be safe to eat but may not taste or look as good as the manufacturers would like. Shops can legally sell products that have passed their 'Best before' date but they must ensure that the product is of reasonable quality and safe to eat, and should make it clear to the customer that the 'Best before' date has passed.

'Sell by' and 'Display until' dates are used by shops to help with stock control and are intended as instructions for the shop staff, not the consumer. These dates aren't a legal requirement and products can be sold legally if they have gone past their 'Sell by' or 'Display until' dates as long as they are still within their 'Use by' or 'Best before' date;

Many foods now need to go in the fridge once they've been opened check the labels to see which ones and for how long they can be stored after opening.

Weekly grocery shopping is done locally and transported immediately; Separate chopping board surfaces are used for raw, cooked, bakery and vegetable items.

These must be colour coded according to the following key:

Board Colour	Food Type
Red	Raw meat
Blue	Raw Fish
Yellow	Cooked meats
Green	Salad and fruit only
Brown	Raw vegetables, definitely those grown within the soil.
White	Bread and dairy products such as cheese



\*UK Catering Equipment Suppliers Association

While colour coding is a first defence line for good food hygiene, it is still good practice for a board to be washed in hot water and sanitised when a different food product of a similar type is being cut up on it. This is very important with raw meat products since chicken needs thorough cooking, but beef steaks cut on the same chopping board might be cooked rarer. Knives with the same plastic colour coding in the handle should also be used to further reduce the likelihood of any cross contamination.

All chopping boards should be washed and dried thoroughly after each use. Racks are available in which to store cutting boards in an upright position. This allows air to circulate around the board and aid drying  
Anti-bacterial cleaner is used on kitchen surfaces after each use and particularly at the end of each day.

When storing cooked food ensure that it is portioned in order to cool quickly, then labelled with the contents and the date and stored on the appropriate shelf in the fridge. (all food must be cooled and stored within one and a half hours).

All stored, cooked and opened products within the fridge must be labelled with a use by date.

'Now wash your hands' notice posted in bathroom/toilets and anti-bacterial soap provided;  
A cleaning rota is displayed allocating staff and young people tasks, with space to initial when done.

Frozen food is defrosted in the fridge prior to use.

Within food preparation area, guidance on the correct handling and preparation of food is displayed prominently. This must include storage temperatures and hygiene requirements.

### **Handling/Storage of Food**

- Keep yourself clean and wear clean clothing;
- Always wash your hands thoroughly: before handling food, after using the toilet, handling raw foods or waste, before starting work, after every break, or after blowing your nose;
- Tell your supervisor or Home's Manager, before commencing work, of any skin, nose, throat, stomach or bowel trouble or infected wound. You are breaking the law if you do not;
- Ensure cuts and sores are covered with a waterproof, high visibility dressing;
- Avoid unnecessary handling of food;
- Do not eat or drink in a food room, and never cough or sneeze over food. If you see something wrong - tell your supervisor;
- Do not prepare food too far in advance of service;
- Keep perishable food either refrigerated or piping hot;
- Keep the preparation of raw and cooked food strictly separate;
- Clean as you go. Keep all equipment and surfaces clean;
- Follow any food safety instructions either on food packaging or from your supervisor;
- All staff involved in the purchase handling and preparation of food must have undertaken the Basic Food Hygiene Training.

### **Controlling Food Temperatures**

Controlling food temperatures is one of the most important things that must be done in the kitchen. You must ensure that food is cooked, cooled, chilled and reheated properly to minimise the risk of harmful levels of bacteria in the food.

Remember that meat isn't the only high risk food. Dried goods such as rice and pulses and vegetable and salads may contain bacteria that may grow if bad temperature control is practiced.

Always remember that perishable food should be kept out of the danger zone of 8°C-63°C to prevent the growth of harmful bacteria.

### **Cooking and Reheating**

In raw foods, such as meat, fruit and vegetables, there may be high levels of bacteria present due to contamination from soil or from processing in an abattoir. Bacteria are killed at high temperatures so it is important that food is cooked thoroughly to a core temperature of at least 75°C for at least two minutes.

### **Probe thermometers**

One way to check whether the food has been cooked thoroughly would be to use a probe thermometer.

In all cases however, you must take care that probe thermometers do not contaminate or taint the food being probed. Make sure that probes are kept clean and disinfected before use with ready to eat food, otherwise the probed food must be discarded. Where antibacterial wipes are used, these must be suitable for use with food.

### **Temperature Records Fridge/Freezers**

Staff must keep a record of the temperatures of any high risk food prepared, in some instances it can be simpler to maintain a record for all main meals prepared.

Whilst chilling food does not kill bacteria, it does stop it from growing to harmful levels.

It is a legal requirement that perishable foods should be kept refrigerated at 8°C or below.

Frozen food should ideally be kept at a temperature at or below -18°C.

It is good practice to check and record fridge and freezer temperatures at least once per day. If a fridge or freezer cannot keep food below 8°C, it must be serviced or replaced.

Each Fridge/freezer compartment should have its own thermometer to allow the daily recording of the temperature. Managers must ensure that records of temperature checks are maintained and appropriately stored.

Records are helpful to show that the legal requirements have been met. It is good practice to keep all chilled food at 5°C or cooler. Note: Many domestic refrigerators may not achieve consistently the temperatures required by law, especially units that do NOT have fan assisted circulation or which are overloaded.

Records should also make a note of action taken to remedy any discrepancies identified by routine monitoring.

### **Washing/Cleaning (Kitchen)**

Separate basins for hand washing must be available together with soap and water and a means of hand drying. Towels should be of a type that is not reusable.

The sink for equipment washing, may if necessary be used for food washing as well. It should be cleaned between uses and preferably disinfected. There should be space for drainage and drying.

### **Environmental Health Inspections**

We welcome inspection, observation and comment, from a range of agencies including environmental health officers. The independent nature of their role often supports our efforts to promote further improvements in service delivery.

To that end managers should contact Environmental Health prior to a residential home being opened to advise them that of the commencement of service and to request assistance and advice specific to that location. In addition officers may also come on a routine; usually unannounced visit or as a result of a complaint.

The Officer will also try to establish whether food is being handled and produced hygienically, is safe to eat, and that relevant temperature controls are being observed. The officer will identify any actual or potential breaches of food law and, if appropriate, gather and preserve evidence.

What is the role of the Enforcement Officer?

- Provide advice and assistance to help comply with food safety legislation and maintain a high standard of food hygiene;
- Investigate complaints about food premises;
- Investigate cases of food poisoning and advise upon precautionary and control measures;
- Sample food and arrange for microbiological testing.

You can expect the Officer to show identification and be polite throughout the visit.

The officer will at the end of the inspection, discuss any contravention of food law discovered, any corrective action necessary, the timescale for corrective action, any further action the officer intends to take and any recommendations of best/good practice that the officer considers appropriate.

In this closing discussion, and in subsequent reports or correspondence, the officer will clearly differentiate between actions required to comply with legal requirements and recommendations of good practice.

### **Accident Prevention and Equipment Misuse**

#### **See Health and Safety section.**

In all kitchens, access to knives and any other sharp instruments needs to be controlled. Preferably they should be kept locked away with a method to account for each blade when not in use. Staff must ensure that children and young people are not placed at risk and are aware of hazards e.g. movement of hot pans, the use of oven gloves, proper storage of food, dangers of slippery floors, damaged electrical equipment and handling of knives.

### **Hazards**

Hazards connected with the use, emptying and cleaning fryers include:

- Fire;
- Burns from hot oil;
- Contact with hot surfaces;
- Fumes from boiling cleaning chemicals and the danger of the chemicals overflowing;
- Eye injuries from splashes;
- Slips from oil spillage; and strains and sprains from lifting and moving containers of oil.

Moving or Manual emptying and filtering of fryers should only be carried out when the oil has been cooled to below 40 C. (It is best practice for to be carried out as a first task the next day rather than as part of the closing-down procedure).

For fire safety and economy, fat fryers must always be switched off when unattended. Do not dispose of waste oil down the drain. Disposal must comply with environmental legislation.

Clean up any spillages immediately.

If you have a fryer at your location staff must have undertaken specific (or additional) training on how to deal with a fat fire.

### **Microwave ovens**

The design of microwave ovens ensures that the microwaves are contained within the oven and can only be present when the oven is switched on and the door is shut.

However, microwave leakage could still occur around damaged dirty or modified microwave oven.

It is therefore important that the oven is maintained in good condition and regularly inspected.

Microwave ovens should only be used if a visual inspection confirms all of the following points:

- The surface of the door/glass is not damaged;
- The door fits squarely and securely and opens and closes smoothly;
- The door hinges are in good condition;
- The door seals are in good condition;
- The oven is clean and in particular the door edges and interior surrounds are not covered with food or burnt material;
- No corrosion is evident on the door, the door hinges, door seals or the oven interior;
- The safety interlock devices fitted to the door work correctly.

Never use the oven if the automatic safety switch (safety interlock) is not working.

If the door or the case of the oven are damaged, either discard the device or have it checked for microwave leakage.

Food and liquids heated in a microwave oven can become very hot; extra care must be taken when heating water to make hot drinks.

## **Cleaning**

### **The purpose of cleaning**

- To remove dirt and food waste;
- To kill bacteria;
- To prevent the spread of contamination or transfer of food poisoning organisms from articles being cleaned to food about to be prepared or eaten;
- To have a clean work place and provide a good image to customers.

### **How to keep things clean**

- Use clean equipment for cleaning;
- Store cleaning equipment, detergents and fluids appropriately, away from food;
- Clean all worktops and food contact surfaces with detergent to remove the dirt; **then** use a good grade commercial sanitizer to kill bacteria.
- Prepare a cleaning schedule and make sure that everyone knows what they are responsible for;
- Use dishwasher to wash all utensils;
- Never use tea towels for cleaning;
- Sanitise or boil cleaning cloths at the end of each day.

## **Cleaning schedule**

### **So why have cleaning schedule?**

- Everything gets cleaned regularly;
- If someone is away, you know exactly what has to be done by someone else;
- It means cleaning is organised in a fair way - no one person is left to do all the cleaning;
- It is very important that once the schedule has been set up it is monitored to ensure areas or equipment have not been missed off and that cleaning staff are following it correctly;
- Therefore in addition to a cleaning schedule template we have also included a Cleaning Monitoring Checklist .

### **Which cleaning materials should I use?**

Listed below are some common terms used to describe types of cleaning materials:

- **Detergent** - a chemical used to remove grease, dirt and other soiling such as food particles. Detergents may remove large numbers of micro-organisms but will not kill them;
- **Disinfectant** - something which will reduce micro-organism numbers to a level which is safe and will not cause premature spoilage of food. Disinfection may be brought about by "disinfectant chemicals" or simply by applying heat e.g. using very hot water;
- **Sterilizer** - a chemical designed to kill all micro-organisms;
- **Sanitizer** - a chemical which combines the properties of detergents and disinfectants. It will therefore clean and disinfect surfaces;

- **Scourer** - cleaning powders combining abrasive properties often with minute amounts of bleach. Can cause serious damage to enamel or stainless steel surfaces.

Selection of the correct cleaning materials often requires expert technical advice. Mistakes either in the choice of chemical or its use, for example using the wrong strength, temperature or contact time may have serious consequences. It may lead to tainting or chemical contamination of food or premature corrosion of equipment. (See COSHH IN Health and Safety section for more information about the safe purchase, use and storage of chemicals).

### **3.15 Promoting Wellbeing**

#### **Smoking**

Glebe House became a no smoking site in February 2017.

There is an expectation that staff do not encourage smoking within the young person group. Staff should not overtly or covertly support the young person in holding pro-smoking attitudes.

There is a recognition that smokers sometimes struggle with the idea of refraining from smoking and that the Community will support members and visitors to manage their smoking habits in a manner that reduces the impact on themselves and others.

#### **Boundaries**

The following Boundaries are intended to support these general principles:

- Staff are expected not to smoke whilst on the premises or while they are accompanying young people off site;
- Professional Visitors are expected not to smoke on site or while accompanying residents off site;
- There is a boundary that residents do not smoke. Breaches of that boundary will be considered in Community Meetings;

The designated smoking area for residents over 18 and non-professional visitors overlooks the care track.

#### **Alcohol**

##### **Guidelines Relating to Residents**

The issue of alcohol as it relates to our resident group is extremely complex and multi-faceted. We feel that it is important that we recognise that our residents are young men, many of whom have histories that include anti-social drinking patterns. Some of our young people will have offended whilst disinhibited by alcohol. Therefore, there are occasions when we model pro-social drinking during special occasions such as 18th birthdays, New Year's Eve and occasionally during other celebrations. At these times the following guidelines must be adhered to:

- No resident under the age of 18 may consume alcohol unless it is with a meal and is supervised by staff;



- No resident can consume alcohol unless the situation has been fully discussed in terms of risk assessment and risk management;
- Residents of 18 years or above may only purchase alcohol if they are carrying the relevant ID and can present this at the time of purchase;
- Staff should, at all times, treat drinking and smoking as public health issues and should respond accordingly in their communication with residents.

It should be borne in mind that the consumption of alcohol should always occur within the law and that resident access to alcohol is purely designed to offer age appropriate pro-social skill acquisition.

The consumption of alcohol by residents should be viewed as a piece of work relating to their ability to assess and manage their own risk when disinhibiting agents have been introduced into the scenario. Therefore risk management and health and welfare remain the two primary elements of this piece of work.

### **Guidelines Relating to Staff**

As a general rule, staff will be required to abstain from alcohol consumption whilst at work. The only exception to this rule would be if staff were to attend specific events, such as parties and celebrations. In such an event staff would not exceed a limit that would allow them to drive within the law.

Staff are expected to attend work in a sober state, and it must be noted that any staff member found to be incapacitated due to alcohol would face disciplinary proceedings as a result.

Staff need to be aware that they hold an important role modelling function with our young people and that they should bear this in mind when discussing alcohol and when in social situations with residents where alcohol is being consumed.

### **3.16- Health Notifications and Access to Services**

#### **Notifications and Registrations**

When a child is placed in a home, the social worker must arrange for the Health Authority, in the area where a child is placed, to be notified of the placement.

The Manager of the home should arrange for the following:

- For the child to be allocated with a Link Worker (Keyworker) who will be responsible for promoting his/her health and educational achievement, liaising with key professionals, including the Clinical Nurse Specialist, the child's GP and dental practitioner. The Link/Keyworker will also be responsible for ensuring that up to date with information is kept on the child in relation to his/her health needs,
- Appropriate medical and monitoring needs are met
- For the child to be registered with a GP
- For the child to have access to a Dentist in the home's locality
- For the child to be registered with an Optician in the home's locality.
- For a Health Care Assessment to be carried out in relation to the child as set out in Health care assessment plans.

### **Access to Health and Specialist Services**

The Home's Manager ensures the home has good links with health agencies, and is well informed about local health services such as CAMHS and sexual health services in the area it covers and takes this into account when deciding on admissions. We have a consultant Psychiatrist available to our team.

If a Child's needs are such that specialist health care is required e.g. children with a disability or visual impairment, the Home's Manager must ensure that local specialist services are secured, in conjunction with the Social Worker and relevant healthcare professionals from the Placing Authority.

If there are any serious concerns about the emotional or mental health of a child, the Home's Manager must alert the Social Worker, and seek a review of the Child's placement and/.or request an assessment under the Mental Health Act 1983.

Any strategies/services that are provided, must be outlined in the Child's Placement Plan/ITP.

### **Appointments**

If children appear to require or request it, appointments should be made for them to see their GP or other medical practitioners as appropriate.

When appointments are made, account should be taken of the child's wishes, for example, to see a practitioner of a preferred gender. Also, appointments should preferably be made which do not disrupt the child's education. Due to the age of our young people parents will only be informed if they have parental responsibility or if the young person gives permission to disclose this information.