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scrutiny and improvement body  
replaced the Care Commission –  
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The Scottish  
Government

**nationalcarestandards**  
care homes for people with drug and alcohol misuse problems

revised february 2008

dignity —

privacy —

choice —

safety —

realising potential —

equality and diversity —



national **care** standards  
care homes for people with drug and alcohol misuse problems

dignity

privacy

choice

safety

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# Introduction

national **care** standards  
care homes for people with drug and alcohol misuse problems

## Introduction

The demand for residential rehabilitation in specialist registered establishments is greater than the number of places currently available in Scotland. There are a number of residential accommodation services for people with drug or alcohol related problems (or both), offering a variety of services. The alcohol services include:

- ‘designated places’, for people who would otherwise be arrested by the police;
- detoxification services – planned, or on a crisis basis;
- traditional models of rehabilitation; and
- supported accommodation.

A similar pattern of provision is reflected in the network of services for drug-related problems, with the exception of the designated place.

Residential services for alcohol and drug misusers have to cater for people with a wide range of needs. To meet these needs, a variety of approaches have been developed over the years. The therapeutic programmes of each service are designed to reflect their particular philosophy and are in line with their aims.

People who misuse alcohol and drugs often have a range of problems which may contribute to, or be made worse by, substance misuse. Residential care is only one part of a continuum of rehabilitation services. A residential place may be the preferred option to meet your individual needs because you need ‘time out’ from your own home. You may have complex problems which can best be addressed in a residential setting. There you will have the opportunity to receive intensive support, including physical and social care, and to take part in programmes where you can gain new skills.

In other client groups, most people who need residential care usually need supervised accommodation because they cannot live independently in their own home. For alcohol or drug misusers, accommodation is only one of a range of needs which have to be addressed. This residential care is rarely provided as a permanent home, except in the case of ‘wet hostels’.

## **The national care standards**

Scottish Ministers set up the National Care Standards Committee (NCSC) to develop national standards. The NCSC carried out this work with the help of a number of working groups. These groups included people who use services, their families and carers, along with staff, professional associations, regulators from health and social care, local authorities, health boards and independent providers. Many others were also involved in the consultation process.

As a result, the standards have been developed from the point of view of people who use the services. They describe what each individual person can expect from the service provider. They focus on the quality of life that the person using the service actually experiences.

The standards are grouped under headings which follow the person's journey through the service. These are as follows:

### **Before using the service (standards 1 to 5)**

- 1 Informing and deciding
- 2 Your legal rights
- 3 Your environment
- 4 Management and staffing arrangements
- 5 Support arrangements

### **Using the service (standards 6 to 15)**

- 6 Making choices
- 7 Feeling safe and secure
- 8 Exercising your rights
- 9 Expressing your views
- 10 Lifestyle – social, cultural and religious belief or faith
- 11 Eating well
- 12 Keeping well – healthcare
- 13 Keeping well – medication
- 14 Daily life
- 15 Supporting communication



## Moving on (standard 16)

### 16 Moving on

#### Using the national care standards

As a user of the service, you may want to refer to the standards when you, your family or representative are considering care services. If you are already receiving residential support and care, you may want to use the standards when discussing the service with the staff or management.

If things go wrong, you can refer to the standards to help you raise concerns or make a complaint. (See 'Expressing your views', standard 9.)

Service providers will use the standards to find out what is expected of them in offering support and care services. The standards make it clear that everything about the service should lead to you enjoying a good quality of life. They should guide the owner or manager over:

- building requirements;
- who to employ; and
- how they should manage the service.

In a small number of cases, people may be subject to compulsory orders under The Mental Health (Scotland) Act 1984 or The Adults with Incapacity (Scotland) Act 2000. These orders may affect the way in which some of the standards are delivered. If this affects you, then anything in the standards that has to be different, and the legal reasons for that difference, will be shown in your personal plan. It will be in line with the principles and legal requirements of the legislation.

#### The principles behind the standards

The standards are based on a set of principles. The principles themselves are not care standards but reflect the recognised rights which you enjoy as a citizen. These principles are the result of all the contributions made by the NCSC, its working groups and everyone else who responded to the consultations on the standards as they were being written. They recognise

that services must be accessible and suitable for everyone who needs them, including people from black and ethnic minority communities. They reflect the strong agreement that your experience of receiving services is very important and should be positive, and that you have rights.

## **The main principles**

The principles are dignity, privacy, choice, safety, realising potential and equality and diversity.

### **Dignity**

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

### **Privacy**

Your right to:

- have your privacy and property respected; and
- be free from unnecessary intrusion.

### **Choice**

Your right to:

- make informed choices, while recognising the rights of other people to do the same; and
- know about the range of choices.

### **Safety**

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

## Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

## Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your ethnic background, language, culture and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

## The Scottish Commission for the Regulation of Care

The Regulation of Care (Scotland) Act 2001 ('the Act') set up the Care Commission, which registers and inspects all the services regulated under the Act, taking account of the national care standards issued by Scottish Ministers. The Care Commission has its headquarters in Dundee, with regional offices across the country. It will assess applications from people who want to provide care homes for children and young people. It will inspect the services to make sure that they are meeting the regulations and in doing so will take account of the national care standards. You can find out more about the Care Commission and what it does from its website ([www.carecommission.com](http://www.carecommission.com)).

## The Scottish Social Services Council

The Act created the Scottish Social Services Council ('the Council') which was established on 1 October 2001. It also has its headquarters in Dundee. The Council has the duty of promoting high standards of conduct and practice among social services workers, and in their education and training. To deliver its

overall aims of protecting service users and carers and securing the confidence of the public in social services, the Council has been given five main tasks. These are: to establish registers of key groups of social services staff; to publish codes of practice for all social services staff and their employers; to regulate the conduct of registered workers; to regulate the training and education of the workforce; to undertake the functions of the National Training Organisation for the Personal Social Services. The Council has issued codes of practice for social service workers and employers of social service workers. These describe the standards of conduct and practice within which they should work. The codes are available from the Council website ([www.sssc.uk.com](http://www.sssc.uk.com)).

### **How standards and regulations work together**

The Act gives Scottish Ministers the power to publish standards which the Care Commission must take into account when making its decisions. It also gives Scottish Ministers the power to make regulations imposing requirements in relation to care homes for people with drug and alcohol misuse problems.

The standards will be taken into account by the Care Commission in making any decision about applications for registration (including varying or removing a condition that may have been imposed on the registration of the service). All providers must provide a statement of function and purpose when they are applying to register their service. On the basis of that statement, the Care Commission will determine which standards will apply to the service that the provider is offering.

The standards will be used to monitor the quality of services and their compliance with the Act and the regulations. If, at inspection, or at other times, for example, as a result of the Care Commission looking into a complaint, there are concerns about the service, the Care Commission will take the standards into account in any decision on whether to take enforcement action and what action to take.

If the standards were not being fully met, the Care Commission would note this in the inspection report and require the service manager to address this.

The Care Commission could impose an additional condition on the service's registration if the provider persistently, substantially or seriously failed to meet the standards or breached a regulation. If the provider does not then meet the condition, the Care Commission could issue an improvement notice detailing the required improvement to be made and the timescale for this. Alternatively, the Care Commission could move straight to an improvement notice. The Care Commission would move to cancel the registration of any service if the improvement notice does not achieve the desired result. In extreme cases (i.e. where there is serious risk to a person's life, health or wellbeing) the Care Commission could take immediate steps to cancel the registration of any service without issuing an improvement notice.

Regulations are mandatory. In some cases not meeting a regulation will be an offence. This means a provider may be subject to prosecution. Not meeting or breaching any regulation is a serious matter.

Decisions by the Care Commission on what to do when standards or regulations are not met will take into account all the relevant circumstances and be proportionate.

You can get information on these regulations from the *Regulation of Care (Scotland) Act 2001*, which is available from the Stationery Office Bookshop. You can also see the Act on-line (see Annex B for the address).

You can also see the Scottish Statutory Instruments for the Regulation of Care Regulations 2002 on-line (see Annex B for the address).

## Comments

If you would like to comment on these standards you can visit our website and send a message through our mailbox:

[www.scotland.gov.uk/health/standardsandsponsorship](http://www.scotland.gov.uk/health/standardsandsponsorship)

You can also contact us at:

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# 1-5

Before using the service

- 1 Informing and deciding
- 2 Your legal rights
- 3 Your environment
- 4 Management and staffing arrangements
- 5 Support arrangements

**nationalcarestandards**  
care homes for people with drug and alcohol misuse problems



## Before using the service

### Introduction to standards 1 to 5

Standards in this section are grouped around those aspects of the service that are offered beforehand. They will help you decide what your quality of life will be like as a result of using the service.

### Informing and deciding

You make a positive and informed decision about the service, helped by the quality and accuracy of the information you receive.

You must have proper information to help you reach a decision. You can expect it to be up to date and reliable, in a format and language that you can easily understand and keep.

### Your legal rights

You and your representatives must be confident that the residential services are being managed properly, in line with relevant legislation and guidelines. You must know what would happen in an emergency or if the service closed down.

### Your environment

Residential facilities will have their own special features and layout depending on the nature of the building and the needs of the people who use the services. The design and layout of the physical environment help to make sure that you live in pleasant and safe surroundings.

The standards in this section do not describe in detail the wide variety of needs of everyone using residential services. The providers must make sure that the statement of function and purpose that they give to the Care Commission when they are applying for registration describes the type of service they want to provide and who they want to provide it for. The Care Commission will make sure that the provider keeps to the statement of function and purpose.

Providers must meet legal requirements, such as those relating to the structure of the building, health and safety matters and fire safety procedures. There are other regulatory organisations which the provider must answer to about these matters. However, the Care Commission and you will want to know that the service meets all the necessary legal requirements.

Scottish Ministers have announced the physical standards for care homes for adults which have applied since April 2002. These are set out in this section. They show the differences between standards for new homes (all new buildings as well as extensions to existing homes) and existing buildings. Existing homes will not have to meet the standards for new homes even if a change of proprietor triggers a new registration.

### **Management and staffing arrangements**

The standards in this section reflect the importance of knowing that the people who are responsible for your support and care have all the necessary experience, skills and training to meet your needs. If they are to provide you with the best possible service, they must be familiar with all the current good practice guidance. They must be able to put the guidance into practice.

Scottish Ministers recognise the importance of having sufficiently trained staff in care homes. They have set standards for this which have applied from April 2002 onwards. These are set out in this section.

### **Support arrangements**

When you move into a home, the staff will develop a personal plan with you, showing how they will give you individual support and care. Where you have a care manager, he or she will already have helped you to draw up a care plan and this will be used to inform your personal plan. You can also expect to be able to discuss your needs with the provider before moving in.

If you have a young child or children with you in the home, their needs are recognised separately. Their welfare is the most important thing, and plans and programmes are designed to promote their wellbeing and safety while they are in the home.

# Informing and deciding

## Standard 1

**You have all the information you need to help you decide about using the service.**

- 1 You have an introductory pack which clearly explains the service that is being offered to you. Everything is available in plain English or in a language and format that is suitable for you. It should include information about:
  - details of the aims and objectives of the service;
  - details of the therapeutic programme the service offers for drug or alcohol dependency;
  - details of the service provider, including the manager or owner (or both);
  - the service's information brochure;
  - the charges and the services they cover;
  - admission criteria and process, clearly showing the steps that will be taken before you move in;
  - a statement of your rights and responsibilities;
  - any rules that the home has;
  - any exclusion criteria and any restrictions on your liberty;
  - the role of medication and other forms of treatment (which may include restraint) in the treatment programme and your rights in relation to these;
  - what happens if you relapse from your treatment goal (set out in your personal plan);
  - confidentiality;
  - the complaints procedure;
  - policies and procedures for:
    - managing risk;
    - recording and reporting accidents and incidents; and
    - possession of unauthorised alcohol or unauthorised and/or illegal drugs during your stay (including temporary absences);

- insurance cover for you and your personal belongings; and
  - arrangements agreed with the Care Commission to be put in place if the service closes down or the owner changes.
- 2 You choose where you live from the range of options available, and decide on the timing of the move in consultation with your care manager, where you have one, and your representatives.
  - 3 The service provider helps you to understand how the service can meet your needs. She or he helps you to understand the thinking behind the therapeutic programme, picking out the main points in the programme that might be important to you.
  - 4 You have a copy (in a language and format that you can understand) of the provider's understanding, definition and policy on relapse, and the provider's likely response if you relapse to drug or alcohol misuse. Staff also explain this to you personally.
  - 5 You have a copy (in a language and format that you can understand) of the provider's policy and rules on the use of alcohol and drugs including prescribed medicines and/or illegal substances and over-the-counter medicines during your stay. Staff also explain these to you personally.
  - 6 In homes for families or parents with young and dependent children, you receive information about the services they offer to your child or children.

## Your legal rights

### Standard 2

**You receive a written agreement which clearly defines the service that will be provided to meet your needs. The agreement sets out the terms and conditions for receiving the service and arrangements for changing or ending the agreement.**

- 1 You are fully involved in developing the detailed service agreement and any subsequent service agreement reviews.
- 2 You have a copy of this written agreement in a format you can understand.
- 3 You have a copy of the agreement that the provider has signed and dated.
- 4 The agreement includes:
  - the signatures of everyone involved;
  - the date that the agreement was made;
  - the date the service starts;
  - clear information on whether there are charges for the service, what these charges will be and who you should pay them to;
  - how and by whom the service will be provided; and
  - information about how to change any details of, or end the service agreement.
- 5 You can ask the provider for and be given a review of your service agreement.
- 6 You can ask for, and be given copies of, the service's policies and procedures.
- 7 You can ask for confirmation that the service complies with all relevant legislation and guidance relating to fire, health and safety procedures, food hygiene and risk management.

## Your environment (for services in a care home)

### Standard 3

**Your environment will enhance your quality of life and be a pleasant place to live.**

- 1 You will be able to move around easily in the home.
- 2 You can expect that the home is run in a way that protects you from any avoidable risk or harm, including physical harm and infection. The nature of its design, facilities and equipment also protect you.
- 3 You can expect that the premises are kept clean, hygienic and free from offensive smells and intrusive sounds throughout. There are systems in place to control the spread of infection, in line with relevant regulation and published professional guidance.
- 4 All bedrooms and public rooms will have windows. You should expect to be able to sit somewhere and have a view out of a window.
- 5 The door to your room will have a lock which you can use. Staff will be able to open the door if there is an emergency.
- 6 You can control the heating, lighting and ventilation in your room.
- 7 You can expect that the rooms and corridors are kept in good decorative order and that the home and furnishings are well maintained and that only essential notices are displayed.
- 8 You receive information about what to do if there is a fire or other emergency.
- 9 If you are in a longer-stay unit, you can bring personal belongings with you, including items of furniture.

**When you are moving into an existing home, the following standards will apply:**

- 10 By 2007, you will be able to have a single room if you want.
- 11 Your room should have at least 10.25 square metres of usable floor space, not including en-suite facilities<sup>1</sup> (see note below).
- 12 If you choose to share a room, it should have at least 16 square metres of usable floor space (not including en-suite facilities)<sup>2</sup> (see note below).
- 13 If the provider wants to install en-suite facilities (which may only be a toilet and wash-hand basin) these must be 3.5 square metres or more. If providers want to install a shower or bath, the same conditions as for new care homes apply<sup>3</sup> (see note below).
- 14 If the provider is upgrading accommodation, they must discuss this with the Care Commission<sup>4</sup> (see note below).
- 15 The communal space will be 3.9 square metres for each person living in the care home, not including corridors and circulation areas.
- 16 You will be able to lock the toilets, bathrooms and shower rooms but staff will be able to open the door if there is an emergency.

**When you are moving into a new care home<sup>5</sup> the following standards will also apply (see note below).**

- 17 You will be able to have a single room if you choose.
- 18 Your room will have at least 12.5 square metres of usable floor space, not including en-suite facilities.

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<sup>1</sup> To ensure flexibility for existing provision that cannot meet this standard but is otherwise of good quality, specific criteria may be agreed with the Commission's registration and inspection staff to allow some existing rooms which do not meet this standard to remain in use. Existing homes will not have to meet the physical standards for new homes even if a change of proprietor triggers a new registration.

<sup>2</sup> As footnote 1.

<sup>3</sup> To ensure flexibility for existing en-suite provision which is otherwise of good quality, some specific criteria may be agreed with Commission registration and inspection staff to allow existing en-suite facilities which do not meet this standard to remain in use.

<sup>4</sup> Providers are recommended to move as near as possible to 840mm clear opening width off corridors of at least 1200mm, and for narrower corridors door widths will need to be wider.

<sup>5</sup> A new care home means all new buildings as well as extensions to existing buildings; all conversions and first-time registrations (not including existing local authority homes).

- 19 If you and your husband or wife, partner or friend want to share a room, new homes will provide larger bedrooms of at least 16 square metres. All sizes exclude en-suite facilities.
- 20 You will have your own en-suite bath or shower facilities. The en-suite will include a toilet and wash-hand basin, with a shower or bath. Where the en-suite has a 'wet' floor shower, wash-hand basin and toilet, the size will be at least 3.5 square metres. For a shower tray or bath, the size will need to be more than 3.5 square metres.
- 21 You will enjoy easy access, with all inside doors having a clear opening width of 840mm off wide corridors (of at least 1200mm). Communal space will be at least 3.9 square metres for every resident in the home, not including corridors and circulation areas.
- 22 You will be in a building where there is the capacity to install modern equipment, such as:
- hoist tracking;
  - environmental control equipment;
  - call systems and alarms;
  - specialist communication equipment;
  - signage (taking account of individual needs such as sight and hearing difficulties, learning disabilities and dementia);
  - grabrails; and
  - smart technology.
- 23 If the home has more than one floor, there will be a passenger lift which you can operate.
- 24 You will be able to lock the toilets, bathrooms and shower rooms but staff will be able to open them if there is an emergency.



## Management and staffing arrangements (for services in a care home)

### Standard 4

**You experience good quality support and care. This is provided by management and staff whose professional training and expertise allows them to meet your needs. The service operates in line with all applicable legal requirements and best-practice guidelines.**

- 1 You can be assured that the home has policies and procedures which cover all applicable legal requirements, including:
  - staffing and training;
  - administration of medication;
  - health and safety;
  - ‘whistle-blowing’;
  - environmental health;
  - fire safety;
  - managing risk; and
  - proper record-keeping, including recording accidents, incidents and complaints.
- 2 You can be confident that staff know how to put these policies and procedures into practice. They have regular training to review this and to learn about new guidance.
- 3 You can be confident that the staff providing your support and care have the knowledge and skills gained from the experience of working with people whose needs are similar to yours. If they are new staff, they are being helped to get this experience as part of a planned training programme.
- 4 You can be confident that all the staff use methods that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.
- 5 You know that the home’s staff, managers and volunteers are all recruited and selected through a process which includes:
  - taking up references;
  - criminal records checks, where appropriate; and

- cross-reference to the registers of the Scottish Social Services Council, Nursing and Midwifery Council or other professional organisations, where appropriate.
- 6 You can be confident that any volunteers who work in the care home are familiar with all the home's policies and procedures. They receive all the relevant training to help them to put these into practice.
- 7 You can be confident that at all times the number of staff who are trained and who have the necessary skills will be sufficient to meet your support and care needs. The levels are agreed between the Care Commission and the home owner or manager.
- 8 You know that at least 50%<sup>6</sup> of the staff directly caring for you are either trained to at least SVQ2 level or equivalent or are working towards achieving the relevant qualification required for registration with the SSSC<sup>7</sup>.
- 9 You know that the service has a staff development strategy and an effective yearly training plan for all its staff. For staff caring for you directly, this focuses on them achieving the qualifications required for registration with the SSSC<sup>8</sup>.
- 10 You know that the service has a written policy and procedures on the conditions under which restraint is used, and that staff are fully trained and supported in the use of restraint<sup>9</sup> (see note below). If it is necessary to restrain you on certain occasions this will be written into your plan and records kept of any incidents involving your restraint. You can expect to be supported after any episode of restraint.

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<sup>6</sup> Calculation of the 50% includes registered nurses employed by the service where they are working as direct care staff. Nurses are included in the 50% as they are required to be registered with their regulatory body, the Nursing and Midwifery Council, to practise as nurses. The level of qualification to gain registration is significantly higher than SVQ2.

<sup>7</sup> Information on the SSSC is given in the Introduction and on its relevant registration requirements in Annex C.

<sup>8</sup> The last sentence does not include registered nurses, who must be registered with their regulatory body, the Nursing and Midwifery Council, and must maintain their standards and registration every 3 years.

<sup>9</sup> Restraint: Control to prevent a person from harming themselves or other people by the use of: physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action); mechanical means (for example, wrapping someone in a sleeping bag or strapping them in a chair); environmental means (for example, using cot sides to prevent someone from getting out of bed); or medication (using sedative or tranquilising drugs for the symptomatic treatment of restless or agitated behaviour).

- 11 You can be sure that the staff who are organising your medication are knowledgeable and trained to do so, following up-to-date best-practice guidance. The staff are fully aware of the home's systems for giving medication. They know how to store and administer your medication safely and in the way that suits you best.
- 12 You know that whenever staff are involved in any financial transaction, it will be carefully recorded. This will be in a way that can be checked by the Care Commission.

## Support arrangements

### Standard 5

**You can be confident that the service will meet your support and care needs and personal preferences. Staff will develop with you a personal plan that details your needs and preferences and sets out how they will be met, in a way that you find acceptable.**

- 1 You have a copy of your plan in a language and format that you can understand.
- 2 Your plan reflects your changing hopes, choices, needs and responsibilities. The provider, with your permission, will use the plan to help them decide if the care service can meet your needs.
- 3 You are consulted and helped to set goals to achieve greater independence.
- 4 Staff help you to have a clear understanding of the philosophy of the service, the model of care and the therapeutic programme it offers for drug or alcohol dependency, such as harm reduction or abstinence.
- 5 You can discuss and clear up any concerns or questions about the service before you use it. You can do this at any time during your stay.
- 6 Where you have an identified care manager, the service provider works closely with him or her to ensure that you receive the service that is set out in your personal plan.
- 7 If you have complex or changing needs, you can expect specially-trained staff to give you the level and degree of care that you need.
- 8 Your personal plan includes information and decisions about:
  - your 'goals of admission' (treatment goals), assessment of care needs and interventions required;
  - learning, practising and developing new coping skills in how to avoid misuse of alcohol or drugs (or both);

- health assessment and social care assessment, including consideration of family, parental and offending issues;
  - record of the care you receive;
  - issues that will be addressed as part of the rehabilitation process, and the services that will enable this, such as:
    - individual and family counselling;
    - healthcare;
    - groupwork and support from other people who are in a similar position;
    - risk profile; and
    - arranging access to external services such as training and employment schemes;
  - what you prefer to be called;
  - personal preferences as to food and drink;
  - cultural, religious and spiritual preferences;
  - leisure interests;
  - who should be involved in reviews of care;
  - any communication arrangements that need to be put in place to assist you; and
  - an independent person to contact if you want to make a complaint or raise a concern.
- 9 You will be involved in regular care reviews which will be planned in advance and identified in the plan.
- 10 You will be supported to attend care reviews and know who else will be there.
- 11 Staff will invite your care manager and independent advocate (representative) to come to each review with you. Staff will record what happens at the review and tell anyone involved who cannot be there.
- 12 Staff will help you to understand the decisions made at the review meetings, and what these will mean in terms of your personal plan.

- 13 If you have a relapse in your drug or alcohol addiction during your stay, staff will fully assess the circumstances. Details of any action or treatment plan will be recorded in your personal plan.

**If you have young and dependent children in the home**

- 14 Your child or children's needs will be taken into account when your own personal plan and goals of admission are decided. These will include their ethnic, cultural, language, religious, faith and food needs.
- 15 Staff will help you to understand and fulfil your childcare responsibilities. They will help you to make the most of your parenting skills.
- 16 Staff will use assessment procedures and tools that are family-friendly and suited to the age, culture and language of the children.
- 17 Each child will have a separate written plan which will meet developmental, emotional, social, recreational and educational needs, alongside your own personal plan.
- 18 You will be closely involved in making decisions about your child or children.



# 6-15

Using the service (standards 6 to 15)

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## Using the service

### Introduction to standards 6 to 15

#### Making choices – feeling safe and secure

You have the right to make decisions about your support and care. You can feel safe and secure while living in the residential accommodation. You also have the right to choose the risks you want to take, as long as there is a sensible balance between your individual needs and preferences, and the safety of others living there.

For a few people, individual circumstances will limit the opportunity to make decisions. If lacking the capacity to take a decision, you will come under the provisions of The Adults with Incapacity (Scotland) Act 2000. Where relevant, you may be safeguarded by the provisions of The Mental Health (Scotland) Act 1984.

#### Exercising your rights – expressing your views

The provider must always respect and actively promote your rights. Using the service, you keep your rights and you have a responsibility not to infringe the rights of others. The service must take your comments, concerns and complaints seriously. They are your way of contributing to, and influencing how, the service is run.

#### Lifestyle – social, cultural and religious belief or faith

The standards in this section make it clear that you can continue to live your life in line with your own social, cultural and religious beliefs or faith when you are using the service.

#### Eating well (where meals are provided as part of the service)

Good, nutritious food and drink are important in keeping and improving your health. Individual choices of food and drink vary, as do dietary needs. Having your own needs and choices met is an important part of the quality of day-to-day life.

## **Keeping well**

You have a right to have your health needs met and to have support in using the full range of healthcare services. You also have a right to have your medication arranged efficiently and safely.

## **Daily life**

Staff will respect your wish for privacy where possible. If you are a parent, you have support in continuing that role.

## **Supporting communication**

People may use different languages or methods of communication for a variety of reasons. As a result, they may have difficulty in making themselves understood. However, being able to communicate is essential to playing an active part in daily life and you should be able to get help to do so if you need it.

## Making choices

### Standard 6

**You achieve the aims set out in your personal plan helped by the support and care of skilled staff.**

- 1 You have information about the choices available to you within the service, and the effect they will have on you. This will be provided by staff. If you want, you can ask for an independent advocate (representative) or for specialist advice.
- 2 You have time to consider your choices without pressure.
- 3 Unless there are legal reasons for you not to do so, you can carry out your own financial, legal and other business at a time that suits you. You can decide who should know about, and have access to, your personal business.
- 4 You can keep and control your money and your personal belongings unless your individual circumstances mean that specific legal arrangements have been made.
- 5 You collect your own benefit and control your own income and personal allowances. If your personal plan puts a temporary restriction on this, staff will explain this clearly to you.
- 6 You can receive independent support and advice in making a will or in any other money matters.
- 7 When you give notice, you will have access to your savings and money, which is kept in a secure office.
- 8 You know that if staff are involved in any money matters, these will be carefully witnessed, recorded and audited.
- 9 You can choose your key worker and will be helped to understand any limiting factors in this choice.

## Feeling safe and secure

### Standard 7

**You take responsibility for your own actions, secure in the knowledge that the service has proper systems in place to protect your interests.**

- 1 You have a sensible balance offered to you in everyday events and activities, between the reasonable risks you want to take and the safety of others. This results from the service's individual risk assessment approach.
- 2 You are fully involved in your own risk assessment, as are any other people you may want to be involved, such as a family member or independent advocate (representative). You receive a copy of your risk assessment report.
- 3 You can discuss risks with staff.
- 4 You can be confident that staff will record and investigate any accidents or incidents, including any episodes of restraint, telling relatives or other representatives if you want them to. The staff will take the action that is needed to prevent similar incidents, where lessons can be learned.
- 5 You can be confident that you are living in an environment that is free from bullying, harassment, discrimination and any other form of abuse.
- 6 You know that staff will identify and defuse any potentially violent situations. If this fails, they will manage these situations safely.
- 7 You can be confident that staff will not use restraint at all unless it is permitted by law and even then, restraint will not be used until other interventions have failed (unless it is legally required).
- 8 If you have experienced childhood abuse and want to speak about this, you know that the service will have a system for responding to you which makes sure that you get the appropriate specialist help.

- 9 If you have experienced overdose or self-harm, you know that the service will have a system for responding to you which makes sure that you get the appropriate specialist help.
- 10 You can contact a member of staff quickly when you need help or in an emergency.
- 11 You are told by staff about the need for insuring your personal belongings.

## Exercising your rights

### Standard 8

#### **You keep your rights as an individual.**

- 1 You can be confident that staff will treat you politely at all times and always respect your individuality.
- 2 You know that staff do not assume that the way you behave is all due to a substance misuse problem.
- 3 Staff call you by your preferred name or title at all times.
- 4 If you need help, your request will be dealt with as soon as possible.
- 5 Confidential information about you is only shared with others if you give permission, unless the law requires otherwise.
- 6 You will be told why any information cannot be kept confidential and who has the right to look at it.
- 7 You can be sure that your confidential records are held securely.
- 8 You are supported in keeping your civil rights (for example, in voting at elections).
- 9 If your behaviour challenges the service you receive, you receive good professional support to understand and, if possible, change your behaviour.
- 10 You are treated with respect and keep your dignity in all activities, including personal care, healthcare, social activities and community life.
- 11 You read or have explained to you any information about you that is kept on file or computer, in line with Open Access policies and the Data Protection Act.

## Expressing your views

### Standard 9

**You are encouraged to express your views on any aspects of the service at any time.**

- 1 You can freely discuss any concerns you have with your named worker or any member of the management.
- 2 You know how to make a complaint or comment to the provider about the service. You are also aware of the procedure for making complaints directly to the Care Commission.
- 3 You can expect that the service will deal with concerns and complaints quickly and sympathetically, and provide full information about what happens as a result.
- 4 You are encouraged and supported to use an independent and confidential advocacy service that can act for you. Staff will have information about any service that would help you in this way.
- 5 If you have an independent representative (for example, an independent advocate), staff will listen to what he or she has to say on your behalf, as if you were expressing the views yourself.
- 6 If you belong to an advocacy group, staff will take seriously any suggestions or proposals that come from the group.
- 7 You can play a part in the Care Commission's inspection of your service.
- 8 You can expect that the provider will make available a copy of each Care Commission inspection report about the service so that you and your representative can look through it.

## Lifestyle – social, cultural and religious belief or faith

### Standard 10

**Your social, cultural and religious belief or faith are known and respected. You are able to live your life in keeping with these beliefs.**

- 1 Staff make sure they are properly informed about the implications for you and others of your social, cultural and religious belief or faith.
- 2 Your holy days and festivals are recognised and ways found to make sure you can observe these.
- 3 You are given the opportunity and support you need to practise your beliefs, including keeping in touch with your faith community.
- 4 The social events, entertainment and activities provided by the service will be organised so that you can join in if you want to.



## Eating well

### (where meals are provided as part of the service)

#### Standard 11

**Your meals are varied and nutritious. They reflect your food preferences and any special dietary needs. They are well prepared and cooked and attractively presented.**

- 1 Catering and care staff get to know your food choices and preferences, including ethnic, cultural and faith ones. These and details of any special diet (for example, vegetarian, low fat or high protein) are recorded in your personal plan.
- 2 You are offered a daily menu that reflects your preferences. The menu varies regularly according to your comments and will always contain fresh fruit and vegetables.
- 3 You have a choice of cooked breakfast and choices in courses in your midday and evening meals.
- 4 Meals are nutritionally balanced for your dietary needs, for example, if you are diabetic or have poor kidney function.
- 5 You can have snacks and hot and cold drinks whenever you like.
- 6 If you do not know if you are eating or drinking enough, staff can check this for you. If there are concerns, staff will explain them to you or your representative. With your agreement, staff will take any action needed, such as seeking advice from a dietician or your GP.
- 7 Your meals are well prepared and well presented. All food handling follows good food hygiene practices.
- 8 If you are in a longer-stay unit, you may be able to choose where to eat your meals, for example in your own room or in the dining room.
- 9 You must be able to eat and enjoy all your food. If you need any help to do so (for example adapted cutlery or crockery) staff will arrange this for you.
- 10 Staff will regularly review anything that may affect your ability to eat or drink, such as your dental health. If there are concerns they will help you to arrange to get advice from the dentist, GP or other healthcare professional.

## Keeping well – healthcare

### Standard 12

**You are confident that staff know your healthcare needs and arrange to meet them in a way that suits you best.**

- 1 You continue to be registered with your usual GP and dentist. If this is not possible, staff will help you to register as quickly as possible with a new GP and dentist of your choice from those providing services in the area of the home.
- 2 If you have been receiving community healthcare services (for example, physiotherapy, community psychiatric nurse or advice on your diet) and still need them, you continue to receive them. Otherwise the staff will help you make new arrangements for you, including giving you information about local healthcare services.
- 3 If you have been receiving hospital healthcare services and still need them, staff will support you in this. Staff will give you relevant information about the range of hospital services for any healthcare needs you have.
- 4 During your first week in the service and at least every six months after that, the staff will make sure that you receive a full assessment to find out all your healthcare needs. The staff will also make sure that these needs are reviewed and met and that all assessments and reviews are recorded.
- 5 If your review shows that you need health advice from your GP, community psychiatric nurse, dentist or other member of the primary care team, staff will arrange this for you and help you to follow any advice you have been given.
- 6 You can see your GP or other healthcare professional in private.

- 7 You can be confident that the provider is aware of your nutritional state and will, with your agreement, arrange for this to be regularly assessed and reviewed. These assessments and reviews will take account of any changes in your health. If there are concerns, staff will explain them to you or your representative. With your agreement, staff will take any action needed, such as seeking advice from a dietician or your GP.
- 8 If you are unwell (physically or emotionally) and feel that you need healthcare, you know that the staff will contact your doctor or other relevant healthcare team member or hospital service (such as dentist, counselling or psychiatry), if you cannot do so yourself. Where necessary, your personal plan will be reviewed.
- 9 You will receive information about preventive healthcare (for example, screening, immunisation and regular check-ups) and on developing and maintaining a healthy lifestyle. If you want to take part in any of these, staff will help you to do so.
- 10 On your discharge (either planned or unplanned, such as in an emergency when you have to go to hospital) you will be given a written summary of the treatment you received from the service which you should give to your GP. The summary will also include details of your current care and healthcare needs, including medication.
- 11 On your discharge, the service makes sure that your GP and care manager (if you have one) know about it. If it is an unplanned discharge, the service will tell them within 24 hours.
- 12 If you cannot leave the building, you will be able to take part in physical activities arranged by the staff that aim to help you to keep physically fit.

## Keeping well – medication

### Standard 13

**If you need to take medication, staff know this and there are arrangements in place for you to take your medication safely and in the way that suits you best.**

- 1 If medication is a routine part of your treatment programme or might be used as part of the programme, this is explained to you before you start using the service. You know the reasons for this, including any risks of the medication interacting with alcohol or drugs. If medication is part of your treatment programme, this is with your agreement and its use is regularly reviewed. The agreement and reviews are recorded.
- 2 If you choose not to take your medication as directed, you are responsible for what happens. However, you are encouraged to discuss your reasons with the staff and to agree how to start taking the medication again as directed, or to look at other solutions.
- 3 If you are legally required to take or to be given your medication as directed and you fail to do so, you know and understand that the staff must report this to the relevant authorities. Staff will work in line with legal powers that allow other people to give permission to receive treatment if it is necessary for your health and welfare<sup>10</sup> (see note below).
- 4 If you are on medication that someone else needs to administer (for example, an injection), the staff do this in a way that recognises and respects your dignity and privacy, as set out in your personal plan.
- 5 If you have any questions or need advice about your medication which the staff cannot answer, they will help you to get advice.

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<sup>10</sup> Adults with Incapacity Act 2000; Mental Health (Scotland) Act 1984.

- 6 If you have to have your medication managed for you, you can be confident that the service has comprehensive systems in place for ordering medication and for its safe storage and administration, and for the safe disposal of unused medicines. You are confident that the service keeps accurate, up-to-date records of all the medicines that have been ordered, taken or not taken, and disposed of.
- 7 You know that any medication you receive will have been prescribed for your own use.
- 8 You know that if any drugs go missing, the staff will take the necessary action to report this to the relevant authorities.

## Daily life

### Standard 14

**Your privacy is respected and your personal hopes and needs are also respected, encouraged and helped by having access to resources and staff.**

- 1 You know that staff will knock on your bedroom, toilet and bathroom doors and wait for you to say they can come in. There is a clear policy (which is explained to you) about the rights of staff to enter bedrooms and toilets to ensure safety, while protecting your privacy and rights. The doors will have a locking system that you can use but staff will be able to open them if there is an emergency.
- 2 If you need intimate physical care or treatment, it will be carried out sensitively and in private, in a way which maintains your dignity.
- 3 You can discuss your needs in confidence and privacy with whoever you choose.
- 4 You know that staff are aware of the complexities of mixed gender and group living. They have clear policies and practice in managing applications from existing couples and dealing with relationships which form in the home.
- 5 Your family or other representatives can discuss their concerns with relevant staff members in private and without interruption.
- 6 You understand clearly if the service has a policy about the management and opening of mail, where the mail is opened but not read. Staff explain this clearly to you from the start, and they regularly repeat it. The arrangements will include a secure facility for receiving personal mail and access to a mail collection point.
- 7 You have access to a phone. If its use is restricted, the reason will be explained clearly to you.

- 8 You have the opportunity to continue or to make meaningful personal relationships, including (where appropriate) your children and significant family members.
- 9 The staff offer practical help (where needed) to arrange meetings with visitors, and to help your disabled friends and relatives into and around the building.
- 10 You can be confident that the staff will be sensitive and supportive during the difficult times if someone close to you dies.

## Supporting communication

### Standard 15

**You have help to use services, aids and equipment for communication, if your first language is not English or if you have any other communication needs.**

- 1 Your communication needs are regularly assessed and reviewed.
- 2 If you need it, the staff can help you to get and use specialist communication equipment.
- 3 You are supported by your named worker or trained communication support workers, including trained interpreters.
- 4 You can ask your family or representative to support your named worker and staff in communicating with you in ways that suit you and at your own pace.
- 5 You can prepare for important events (for example, reviews and hospital appointments) and have time to communicate feelings, views and answers.





# 16

Moving on  
16 Moving on

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## Moving on

### Introduction to standard 16

Plans for you to move on begin early in your stay. At the first meeting about your personal plan, you and (wherever possible) your care manager will be involved in looking forward to the next stage. Each review meeting looks at your moving on and aftercare. You are involved in developing your aftercare plan.

If the move is to be successful, you must be able to take your time. You must be supported by the people around you.

You can expect that you and your representatives will be involved in all stages of planning related to moving on.

## Moving on

### Standard 16

**You know that preparing for moving on will be properly planned and discussed over a suitable period by you and your representative (if you want) and the service staff.**

- 1 The staff support you in planning for your future from the time you start using the service. This is part of your personal plan. You are involved in all meetings to discuss your future move. You are encouraged by the staff to use all the experience you have gained while using the service in deciding on your next move.
- 2 The staff support you to make links with agencies or groups in the community before you leave. They help you to make and keep appointments with community agencies.
- 3 You are involved in assessing the possible risk for yourself or others if you move.
- 4 You contribute to your aftercare plan.
- 5 In consultation with your representative, care manager and staff, you decide when you want to move.
- 6 You attend a discharge meeting with your representative, care manager and other agencies involved, at least seven days before you leave, to make sure that all arrangements are in place.
- 7 Within two days of you leaving, the staff will send a discharge summary letter and progress report to your care manager and other key agencies involved in your care.
- 8 You receive social and emotional support during and after the move. Staff help you to keep your confidence and build on your knowledge and skills. They help you to look at what the options are and to develop plans for the future.

- 9 You are supported to keep up friendships.
- 10 If you have to leave in an emergency or in an unplanned way, the move will be with the minimum of risk to yourself or others. The reasons will be consistent with the service's clear written policy on exclusion and 'house rules'. The policy shows the circumstances in which you may be asked to leave and the circumstances in which you may be eligible to re-apply for admission.
- 11 Key professional staff, including your care manager and GP, will be notified within 24 hours of your emergency or unplanned discharge. They will be given the reasons, any potential risks you may face, medication given and required, and the progress you have made during your stay.

**If you have young and dependent children in the home**

- 12 You, your representative and care manager discuss your discharge in advance, to make sure that your child or children are not being put at risk.
- 13 You know that the service cannot ask you to leave in an unplanned way.

# Annex A

national **care** standards  
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# Annex A

## Glossary

### Advocate or advocacy

A person independent of any aspect of the service or of any of the statutory agencies involved in purchasing or providing the service, who acts on behalf of, and in the interests of, the person using the service. An advocate can be helpful if a person feels unable to represent him or herself.

### Assessment

The process of deciding what a person needs in relation to their health, personal and social care, and what services must be put in place to meet these needs. An assessment is undertaken with the person, his or her relatives or representatives, and relevant professionals.

### Care home service

A service which provides accommodation, together with nursing, personal care or personal support for vulnerable people.

### Carer

A person who looks after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

### Complaints process

Clear procedures that help the person using the service or others to comment or complain about any aspect of the service.

### Format

You can expect to have information presented in a format that is suitable for you. This could be in easy-read language, braille, on tape or on disk.

## Goals of admission

Treatment goals which are set at the start of your stay in the service to support you in achieving greater independence. These are set out in your personal plan.

## Infection control

Programmes of disease surveillance, generally within healthcare facilities, designed to investigate, prevent and control the spread of infections and the micro-organisms which cause them.

## Intervention

Treatment detailed in your personal plan.

## Key worker

The person (who may be a designated nurse for people receiving nursing care) responsible for co-ordinating the individual's personal plan, monitoring its progress and staying in regular contact with the individual and everyone involved.

## Named worker

see Key worker

## NMC

Nursing and Midwifery Council. This organisation was set up by Parliament to ensure nurses, midwives and health visitors provide high standards of care to their patients and clients. To achieve its aims, the NMC maintains a register of qualified nurses, midwives and health visitors, sets standards for education, practice and conduct, provides advice for nurses, midwives and health visitors and considers allegations of misconduct or unfitness to practise.

Website: [www.nmc-uk.org](http://www.nmc-uk.org)

## Personal care

Help with day-to-day physical tasks and needs of the person cared for, including helping them to remember to do things such as eating and washing.



## Personal plan

A plan of how the support and care service will be provided, primarily agreed between the person using the service (and/or their representative) and the service provider.

## Primary care team

GP and other health professionals who provide healthcare in the community.

## Restraint

Control to prevent a person from harming themselves or other people by the use of:

- physical means (actual or threatened laying on of hands on a person to stop them carrying out a particular action);
- mechanical means (for example, wrapping someone in a sleeping bag or strapping them in a chair);
- environmental means (for example, using cot sides to prevent someone from getting out of bed); or
- medication (using sedative or tranquilising drugs for the symptomatic treatment of restless or agitated behaviour).

## Risk management

A systematic approach to the management of risk, to reduce loss of life, financial loss, loss of staff availability, safety, or loss of reputation.

## Usable floor space

Space which is available to use for furniture, personal belongings and daily living.

## Whistle-blowing

The disclosure by an employee (or professional) of confidential information which relates to some danger, fraud or other illegal or unethical conduct connected with the workplace, be it of the employer or of his fellow employees (Lord Barrie QC 1995).

# Annex B

national **care** standards  
care homes for people with drug and alcohol misuse problems

## Annex B

### Useful reference material

#### Legal

##### **The Adults with Incapacity (Scotland) Act 2000**

Under this Act anything that is done on behalf of an adult with incapacity will have to:

- benefit him or her;
- take account of the person's wishes and those of his or her nearest relative, carer, guardian or attorney; and
- achieve the desired purpose without unduly limiting the person's freedom.

##### **The Children Act 1995**

The Act puts children first. Each child has the right to:

- be treated as an individual;
- form and express views on matters affecting him or her; and
- be protected from all forms of abuse, neglect or exploitation.

Parents and local authorities have rights and responsibilities in achieving the balance of care.

##### **The Civic Government (Scotland) Act 1982 (Licensing of Houses in Multiple Occupation) Order 2000**

This order requires that owners of properties let on a multiple occupancy basis must acquire a licence from the relevant local authority. The licence is only issued where the property meets the required standards and the landlord has necessary management policies in place.

##### **The Data Protection Act 1998**

The Act covers how information about living, identifiable people is used. All organisations that hold or process personal data must comply.

### **The Disability Discrimination Act 1995**

This wide-ranging Act, which came into force in 1996, makes it illegal to discriminate against disabled people in employment, access to goods, services, transport and education.

### **Fire Precautions (Workplace) Regulations 1997 (as amended)**

The Regulations place a responsibility on employers for carrying out risk assessments in relation to premises. The risk assessment is a means of providing fire precautions for the safety of people using the premises.

### **The Health and Safety at Work etc Act 1974**

The Act is the basic piece of health and safety law that covers everyone who is affected by work activity. It places the burden of legal responsibility for health and safety at work with the employer.

### **The Human Rights Act 2000**

The Act incorporates the European Convention on Human Rights into Scots and English law in relation to the acts of public bodies. Its purpose is to protect human rights and to maintain and promote the ideals and values of a democratic society. The Articles of Convention include:

- freedom of thought, conscience and religion;
- freedom of expression;
- freedom of assembly and association;
- the right to have respect for private and family life; and
- the right to marry.

### **The Mental Health (Scotland) Act 1984**

Currently under review, the Act provides for the compulsory detention and treatment of people with a mental disorder.

### **The Misuse of Drugs Act 1971**

The Act is the main law for drugs control in the UK. It prohibits the possession, supply and manufacture of medicinal and other products except where these have been made legal by the Misuse of Drugs Regulations 1985. The legislation is concerned with controlled drugs and puts these into five separate schedules. Anyone who is responsible for storing or administering controlled drugs should be aware of the content of the Misuse of Drugs Regulations 1985 and the Misuse of Drugs (Safe Custody) Regulations 1973.

### **The Police Act 1997**

Part V of the Police Act 1997 was implemented in April 2002. This provides for the Scottish Criminal Record Office to issue criminal record information certificates to individuals and organisations.

### **The Public Interest Disclosure Act 1998**

The Act protects workers who 'blow the whistle' about wrongdoing. It mainly takes the form of amendments to the Employment Rights Act 1996, and makes provision about the kinds of disclosures which may be protected; the circumstances in which such disclosures are protected; and the persons who may be protected.

### **The Race Relations Act 1976**

The Act makes racial discrimination illegal in employment, service delivery, training and other areas.

### **The Race Relations (Amendment) Act 2000**

The Act makes racial discrimination illegal in public activities that were not previously covered. It puts a general duty on public organisations to promote race equality.

### **The Regulation of Care (Scotland) Act 2001**

The Act establishes a new system of care service regulation including the registration and inspection of care services which takes account of national care standards. The Act also creates two new national, independent bodies, the Scottish Commission for the Regulation of Care, to regulate care services, and the Scottish Social Services Council, to regulate the social service workforce and to promote and regulate its education and training.

You can visit these websites for information:

- Regulation of Care (Scotland) Act 2001  
[www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2001/20010008.htm](http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/acts2001/20010008.htm)
- Regulation of Care (Scotland) Act 2001 Statutory Instruments  
[www.scotland-legislation.hmso.gov.uk/legislation/scotland/s-200201.htm](http://www.scotland-legislation.hmso.gov.uk/legislation/scotland/s-200201.htm)

### **The Rehabilitation of Offenders Act 1974**

The Act enables some criminal convictions to become ‘spent’ or ignored, after a rehabilitation period. The rehabilitation period is a set length of time from the date of conviction.

### **The Sex Discrimination Act 1975**

The Sex Discrimination Act 1975 makes it unlawful to discriminate on grounds of sex or marital status in recruitment, promotion and training. The Act also covers education, the provision of housing, goods and services and advertising.

## Policy

### **Aiming for Excellence: Modernising Social Work Services in Scotland 1999**

The White Paper sets out the proposals to strengthen the protection of children and vulnerable adults and to make sure high quality services are provided. The Scottish Commission for the Regulation of Care is an independent regulator set up for this purpose.

### **The Way Forward for Care**

The Scottish Executive Policy Position Paper of July 2000 develops the proposals set out in *Aiming for Excellence*. It includes proposals for regulating independent healthcare.

### **Our National Health 2000**

The health plan aims to improve Scotland's health and close the health gap between rich and poor, restoring the NHS as a national service and improving care and standards.

### **Renewing Mental Health Law 2001**

The Scottish Executive's proposals for changes to existing legislation arising from its consideration of the Review of the Mental Health (Scotland) Act 1984.

### **The UN Convention on the Rights of the Child**

The Convention is not a law but a code that the Government signed up to in 1991. It recognises that young people under 18 in Scotland do have rights. These rights must be given fairly, and children and young people must be kept safe and well, and able to take part in society.

### **Restraint**

Harris, J., Allen D., Cornick, M., Jefferson, A. & Mills, R. (1996) *Physical Interventions: A policy framework*. Kidderminster: British Institute of Learning Disabilities.

Mental Welfare Commission (1998) *Restraint of Residents with Mental Impairment in Care Homes and Hospitals*. Edinburgh: Mental Welfare Commission.

### **Administration of medicines**

UKCC (2000) *Guidelines for the administration of medicines*. (Central Council for Nursing, Midwifery and Health Visiting (UKCC))

UKCC (2001) *Position statement on the covert administration of medicines*. Central Council for Nursing, Midwifery and Health Visiting (UKCC)

Royal Pharmaceutical Society of Great Britain (2001) *The Administration and Control of Medicines in Care Homes*

### **Health and Safety**

Health and Safety Executive (2001) *Health and Safety in Care Homes*

### **Other useful reference material**

National Quality Standards for Substance Misuse Services published by the Scottish Executive 2006

These standards apply to all services provided to people who misuse alcohol or drugs. They are the starting point in developing a robust monitoring system and evaluation framework which will support providers to evidence, assess, and improve the quality of their service provision. It is envisaged that through compliance with these standards services can demonstrate the quality of their provision, enabling commissioners to make considered funding decisions.





# Annex C

national **care** standards  
care homes for people with drug and alcohol misuse problems

## Annex C

### Information on SSSC Registration

The Scottish Social Services Council (SSSC) has set the qualification requirements and the timescales for different groups of workers to be registered with the SSSC. This includes:

- registration of Heads of residential adult and day care services – commencing in December 2005; and
- registration of all adult residential care workers – commencing in 2006/2007.

**Heads of residential and adult day care** – are workers designated as the ‘Fit Person’ to act as a manager of a care service for the purposes of regulation of services by the Care Commission.

**Adult residential care workers** – since there are a wide range of job titles used in adult residential care the SSSC has categorised the parts of the Register for adult residential care workers on the basis of job functions. Therefore, there will be a part of the Register for each of the following categories of adult residential care workers:

**Support workers** are workers who have delegated responsibility for providing care and support to adults using residential care.

**Practitioners** are workers who provide care and who have responsibilities for co-ordinating the implementation of care plans. This may include holding key worker responsibilities.

**Supervisors** are workers who have responsibilities for supervising staff and for overseeing and monitoring the implementation of care plans.

The SSSC may register workers without the relevant qualification subject to the condition that they meet all other criteria for registration and that they gain the qualification within a specified period of time, normally the first three years of the registration period. Access to registration will have to be

gradual in order to allow sufficient time for workers to access and achieve the required qualifications.

There is a range of qualifications that can meet the requirement for registration. To obtain a copy of the full list go to [www.sssc.uk.com](http://www.sssc.uk.com) or telephone 01382 207101 or email [enquiries@sssc.uk.com](mailto:enquiries@sssc.uk.com)



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