



Llywodraeth Cymru
Welsh Government

Statutory Guidance

Adoption Services

This statutory guidance relates to Parts 3 to 15 of The Regulated Adoption Services (Services Providers and Responsible Individuals) (Wales) Regulations 2019

April 2019

The Regulation and Inspection of Social Care (Wales) Act 2016

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About this guidance

This is statutory guidance issued by the Welsh Ministers under section 29 of the Regulation and Inspection of Social Care (Wales) Act 2016 ('the Act'). It applies from 29 April 2019.

The Act, The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 ("the Regulations") and this statutory guidance replace requirements previously put in place under the Care Standards Act 2000 and its associated National Minimum Standards.

This guidance sets out:

- how providers of regulated adoption services may comply with the requirements imposed by regulations made under section 27 of the Act, and
- how persons designated as a responsible individual for a regulated adoption service may comply with the requirements imposed by regulations made under section 28 of the Act.

These requirements are contained within Parts 3 to 15 of the Regulations. These Regulations come into force on 29 April 2019 and this guidance will also take effect from that date.

Section 29(3) of the Act states that providers of regulated services and designated responsible individuals **must have regard to this guidance** in meeting requirements imposed by regulations under sections 27 and 28 of the Act.

This guidance is also relevant to those providers making an application for registration as a service provider under section 6 of the Act. Guidance about registration has been produced by the service regulator, Care Inspectorate Wales ('CIW'), and is available on its website.

How to use this guidance

Prospective service providers and responsible individuals

Persons who wish to provide a regulated service must make an application for registration to CIW who carry out the Welsh Ministers' functions as the service regulator. Prospective service providers and responsible individuals must demonstrate that they will be able to meet the requirements imposed by the Act and the Regulations and, once registered, that they will continue to meet them.

In order to grant an application to register, CIW must be satisfied that any prospective provider of regulated services can and will continue to meet the standards of service provision specified in regulations under section 27 of the Act. CIW must also be satisfied that

persons designated as a responsible individual can and will comply with the duties set out in regulations under section 28 of the Act.

CIW will use this guidance to inform its decisions to grant or refuse applications for registration as a service provider.

Registered service providers and designated responsible individuals

Registered providers of regulated services and designated responsible individuals must meet the requirements of the Act and the Regulations. In doing so they **must have regard to this statutory guidance** which is intended to help them understand how they can meet the applicable requirements within the Regulations. CIW will also use this guidance to inform decisions about the extent to which registered providers and responsible individuals are meeting those requirements.

Service providers remain responsible for deciding how the requirements will be met, taking into account the needs of individuals using the service and the statement of purpose for the service.

If registered service providers and designated responsible individuals do not follow this guidance, they must provide evidence that their chosen approach enables them to meet the applicable requirements within the Regulations.

Structure of this guidance

This guidance sets out the following:

- **A summary of the intention of each Part of the Regulations**

Parts 3 to 10 of the Regulations, made under section 27 of the Act, set out the requirements on a service provider in relation to the standard of service that must be provided. They highlight the importance of the well-being of individuals who are receiving support from the regulated adoption service¹. They also impose other requirements on service providers related to the operation of the regulated service.

Parts 11 to 15 of the Regulations, made under section 28 of the Act, set out the duties placed on the designated responsible individual in relation to a regulated service. These duties include a requirement to supervise the management of the service including the appointment of a suitable and fit manager. The intention is to ensure that a designated person at an appropriately senior level holds accountability for both service quality and compliance and to ensure that there is a clear chain of accountability linking the corporate responsibility of the service provider and the responsible individual with the role of the manager of the regulated service.

¹ These standards are linked to the well-being statement for people who need care and support and carers who need support. <http://gov.wales/docs/dhss/publications/160831well-being-statementen.pdf>

- **The text of each regulation**

It is important that regulated adoption service providers and responsible individuals refer to the text of each regulation as the first source of information about what the requirements are and how to meet them. This guidance provides further explanation on how to meet the individual components of each regulation where further clarification and definition may be helpful. Where the text of the regulation itself is self-explanatory, no further guidance is given.

- **Guidance on the requirements of individual components of the regulation**

The guidance on individual components of each regulation should not be considered exhaustive as there may be other ways that service providers and responsible individuals can show that they meet each component of the regulation.

Annex A sets out parts of the Regulations that are not the subject of this guidance, as they are not made under section 27 or 28 of the Act. Annex B contains the Schedules to regulations 2(1) and 23; 2(1) and 30; 31 and 53. These annexes have been included for reference only.

Enforcement

Parts 3 to 15 of the Regulations set out clear requirements which registered providers and responsible individuals must adhere to. CIW, as the service regulator, can take enforcement action against any registered service provider and responsible individual that does not adhere to these legal requirements.

Any enforcement action taken by CIW will be proportionate and will look at the impact on or risk to individuals using the regulated service.

Examples of enforcement action may include:

- imposing conditions on a service provider's registration;
- cancelling a service provider's registration;
- issuing an improvement notice; and
- issuing a fixed penalty notice.

Further information on the offences which service providers and responsible individuals may commit if they do not comply with the requirements of the Act and these Regulations, and the different statutory and non-statutory enforcement actions that CIW may take in response, are set out within CIW's Securing Improvement and Enforcement guidance. This is available on CIW's website.

List of key terms used within this guidance

| Term | Meaning |
|---------------------------|---|
| The Act | The Regulation and Inspection of Social Care (Wales) Act 2016 |
| The 2002 Act | The Adoption and Children Act 2002 |
| The 2014 Act | The Social Services and Well-Being (Wales) Act 2014 |
| Adoption service | A service provided in Wales by— (a) an adoption society within the meaning of the Adoption and Children Act 2002 (c.38) which is a voluntary organisation within the meaning of that Act, or (b) an adoption support agency within the meaning given by section 8 of the Adoption and Children Act 2002. |
| Adoption support services | This has the meaning given in section 2(6) of the Act and regulation 3 of the Adoption Support Services (Wales) Regulations 2019, in that: a) Under the Act, adoption support services means: i. Counselling, advice and information, and ii. Any other services prescribed by regulations b) Under the Adoption Support Services (Wales) Regulations 2019, adoption support services include: i. assistance to adoptive parents, adoptive children, and related persons in relation to arrangements for contact between an adoptive child and a birth parent or a related person of the adoptive child; ii. services that may be provided to an adoptive family in relation to the therapeutic needs of a child in relation to the child's adoption; iii. assistance for the purpose of ensuring the continuance of the relationship between the child and the child's adoptive parent, including: o training for the adoptive parent for the purpose of meeting any special needs of the child arising from that adoption; and o respite care (when this consists of the provision of accommodation, it must be accommodation provided by or on behalf of a local authority under section 81 of the 2014 Act by a voluntary organisation under section |

59 of the Children Act 1989);

- iv. assistance where disruption in an adoption arrangement or placement has occurred or is in danger of occurring, including—
 - a. mediation; and
 - b. organising and running meetings to discuss disruptions in adoption placements;
- v. assistance to adopted persons who have attained the age of 18 in obtaining information in relation to their adoption or facilitating contact between such persons and their relatives;
- vi. assistance to relatives of adopted persons who have attained the age of 18, in obtaining information in relation to that adoption or facilitating contact between such persons and the adopted person;
- vii. services to enable groups of adoptive children, adoptive parents and birth parents of an adoptive child to discuss matters relating to adoption.

In v. and vi. “relative” means any person who but for their adoption would be related to the adopted person by blood, including half blood or marriage.

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| Care and support plan | A plan put in place by the local authority under section 54 or section 83 of the 2014 Act. |
| The individual | Unless the context indicates otherwise, the individual means: <ul style="list-style-type: none">(a) a child who may be adopted, their parent or guardian;(b) a person wishing to adopt a child, or(c) an adopted person, their parent, birth parent or former guardian, who is receiving support of the type which an adoption service is required to provide in accordance with the Adoption Agencies (Wales) Regulations 2005 or the Access to Information (Post-Commencement Adoptions) (Wales) Regulations 2005, or <ul style="list-style-type: none">(d) any person receiving adoption support services. |
| The individual’s needs | The individual’s needs for support from regulated adoption services. |
| Regulated Adoption Service | Means an adoption service which is regulated under the Act. |
| The Regulations | The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 |
| Representative | Any person having legal authority, or the consent of the individual to act on the individual’s behalf. |

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| <p>Responsible individual</p> <p><i>(See section 21 of the 2016 Act for a full description)</i></p> | <p>Must be either:</p> <ul style="list-style-type: none"> • where the service provider is an individual, the service provider; • where the service provider is a partnership, one of the partners; • where the service provider is a body corporate, other than a local authority <ul style="list-style-type: none"> ○ a director or similar officer of the body; ○ in the case of a public limited company, a director or company secretary; ○ in the case of a body corporate whose affairs are managed by its members, a member of the body; • where the service provider is an unincorporated body, a member of the body; • where the service provider is a local authority, an officer of the local authority designated by the authority’s director of social services; <p>and whom CIW are satisfied is a fit and proper person to be a responsible individual;</p> <p>and is designated by a service provider in respect of a place at, from or in relation to which the provider provides a regulated service;</p> <p>and is specified as such in the service provider’s registration</p> <p>NB In certain circumstances (see Regulation 58, not covered in this guidance) the responsible individual may be designated by CIW (on behalf of the Welsh Ministers) and not the service provider.</p> |
| <p>SCW</p> | <p>Social Care Wales, the workforce regulator.</p> |
| <p>The service</p> | <p>The adoption service which is provided by a service provider in relation to a specified area, set out as a condition to the service provider’s registration.</p> |
| <p>Service provider (or provider)</p> | <p>An adoption service which is registered with CIW under section 7 of the Act.</p> |
| <p>The service regulator</p> | <p>Care Inspectorate Wales (‘CIW’), acting on behalf of the Welsh Ministers in the exercise of their regulatory functions.</p> |
| <p>Staff</p> | <ul style="list-style-type: none"> • Persons employed by the service provider to work at the service as an employee or worker (within the meaning of section 230 of the Employment Rights Act 1996); • Persons engaged by the service provider under a contract for services; • This does not include persons who are allowed to work as volunteers. |
| <p>Statement of purpose</p> | <p>The statement of purpose for the place at, from or in relation to which the service is provided.</p> |

Support

Where used in relation to the support provided to an individual, support includes:

- (a) the support which a regulated adoption service is required to provide to individuals in the course of arranging an adoption or after an adoption has been arranged in accordance with the Adoption Agencies (Wales) Regulations 2005 or the Access to Information (Post-Commencement Adoptions) (Wales) Regulations 2005), or
- (b) the adoption support services which a regulated adoption service may provide.

Useful links

The Regulation and Inspection of Social Care (Wales) Act 2016

<http://www.legislation.gov.uk/anaw/2016/2/contents/enacted>

The Social Services and Well-being (Wales) Act 2014

<http://www.legislation.gov.uk/anaw/2014/4/contents>

The Adoption and Children Act 2002

<http://www.legislation.gov.uk/ukpga/2002/38/contents>

The Children Act 1989

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

The Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019

<http://www.legislation.gov.uk/wsi/2019/762/contents/made>

The Adoption Support Services (Wales) Regulations 2019

<http://www.legislation.gov.uk/wsi/2019/286/contents/made>

The Adoption Agencies (Wales) Regulations 2005

<https://www.legislation.gov.uk/wsi/2005/1313/contents/made>

Care Inspectorate Wales

<http://careinspectorate.wales/?lang=en>

Care Inspectorate Wales: Registration guidance (for new services)

<https://careinspectorate.wales/register-provide-service>

Care Inspectorate Wales: Re-registration guidance

<https://careinspectorate.wales/providing-a-care-service/already-registered-services/re-registration>

Care Inspectorate Wales: Compiling a Statement of Purpose

<https://careinspectorate.wales/providing-a-care-service/already-registered-services/re-registration>

Care Inspectorate Wales: Securing Improvement and Enforcement policy

<https://careinspectorate.wales/providing-a-care-service/how-we-enforce>

Social Care Wales

<https://www.socialcare.wales/>

Social Care Wales: Information and Learning Hub

<https://socialcare.wales/hub/home>

Chapter 1: Requirements on Service Providers (Parts 3 to 10 of the Regulations)

1.1 General requirements on service providers (Part 3)

The intent of the general requirements within Part 3 of the Regulations is to ensure that service providers put in place governance arrangements to enable the smooth operation of the service and to ensure that there is a sound base for providing high quality support to individuals. This includes the following:

- Setting clear organisational intent and direction by outlining the services provided and the actions the service provider will undertake to achieve this in the statement of purpose;
- Putting in place the underpinning policies and procedures to support managers and staff to achieve the aims of the service and assist individuals to meet their needs for support;
- Establishing sound management structures to oversee and monitor the service in order to ensure that it operates safely and effectively for the individuals receiving support;
- Establishing clear arrangements for an ongoing cycle of quality assurance and review to provide assurance that the service operates in line with legal requirements, its statement of purpose and is appropriately assisting individuals to meet their needs for support. The information obtained through monitoring is used for continued development and improvement of the service; and
- Promoting a culture of openness, honesty and candour at all levels.

| Regulation 4 | Guidance |
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| <p>Requirements in relation to the provision of the service</p> <p>4. The service provider must ensure that the service is provided with sufficient care, competence and skill, having regard to the statement of purpose.</p> | <ul style="list-style-type: none">• Service providers have clear arrangements for the oversight and governance of their adoption service in order to establish, develop and embed a culture which ensures that the best possible outcomes are achieved for individuals using the adoption service and to meet the requirements of the Regulations. This includes but is not limited to:<ul style="list-style-type: none">○ policies and procedures to achieve the aims of the statement of purpose and place individuals at the centre of the service; |

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| | <ul style="list-style-type: none"> ○ systems for assessment, monitoring and review which support evidence-based practice and assist individuals to meet their needs for support; ○ processes to ensure support is delivered consistently and reliably; ○ safe staffing arrangements, underpinned by professional development, to meet the support needs of individuals using the service; ○ quality and audit systems to review progress and inform service development; ○ a proactive approach to equal opportunities and diversity; and ○ suitable and accessible premises. |
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| Regulation 5 | Guidance |
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| <p>Requirements in relation to the statement of purpose</p> <p>5.—(1) The service provider must provide the service in accordance with the statement of purpose.</p> <p>(2) The service provider must—</p> <p>(a) keep the statement of purpose under review; and</p> <p>(b) where appropriate, revise the statement of purpose.</p> <p>(3) Unless paragraph (4) applies the service provider must notify the persons listed in paragraph (6) of any revision to be made to the statement of purpose at least 28 days before it is to take effect.</p> <p>(4) This paragraph applies in cases where it is necessary to revise the statement of purpose with immediate effect.</p> <p>(5) If paragraph (4) applies the service provider must without delay notify the persons listed in paragraph (6) of any revision made to</p> | <ul style="list-style-type: none"> ● The statement of purpose is fundamental to adoption services. It should: <ul style="list-style-type: none"> ○ accurately describe the services provided; ○ state where and how these services will be provided; and ○ state the arrangements to support the delivery of the services. ● It must include the information set out in The Regulated Services (Registration) (Wales) Regulations 2017(2). ● In preparing a statement of purpose, service providers take account of any statement of purpose guidance provided by the service regulator. |

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

the statement of purpose.

(6) The persons who must be notified of any revision to the statement of purpose in accordance with paragraph (3) or (5) are—

- (a) the service regulator;
- (b) individuals; and
- (c) any representatives, unless it is not appropriate to do so or would be inconsistent with the well-being of an individual

(7) The service provider must provide the up to date statement of purpose to any person on request, unless it is not appropriate to do so or would be inconsistent with the well-being of an individual.

- Service providers review and update the statement of purpose at least annually or earlier if changes are being made to the service provided.
- Where there is an intention to change the service being provided, the statement of purpose is updated to reflect the change. Service providers notify those persons set out in regulation 5(6) at least 28 days prior to the changes being made. Examples of this include:
 - provision of additional specialist services;
 - changes to the normal staffing arrangements or levels as set out in the existing statement of purpose.
- Where there is an intention to change the service being provided with immediate effect, i.e. within the 28 days notification period (see regulation 5(4) and (5)), the service provider:
 - notifies the persons listed in regulation 5(6) immediately (and where practicable, prior to implementing the change); and
 - updates the statement of purpose to reflect the change without delay and provides a copy to the service regulator.
- Where a change to the statement of purpose is proposed, the service provider provides the service regulator with additional information it may need to satisfy itself that they can provide the services proposed.
- Where the statement of purpose is updated a record is kept of the version and date of amendment.

- A copy of the statement of purpose is readily available to those listed in regulation 5(6).

Regulation 6

Requirements in relation to monitoring and improvement

6.—(1) The service provider must ensure that there are effective arrangements in place for monitoring, reviewing and improving the quality of the service.

(2) Those arrangements must include arrangements for seeking the views of—

- (a) individuals;
- (b) any representatives, unless this is not appropriate or would be inconsistent with the individual’s well-being;
- (c) any local authority or local authority in England which has arranged for the provision of adoption support services by the service;
- (d) staff,

on the quality of the service and how this can be improved.

(3) When making any decisions on plans for improvement of the quality of the service, the service provider must—

- (a) take into account the views of those persons consulted in accordance with paragraph (2), and
- (b) have regard to the quality of service report prepared by the responsible individual in accordance with regulation 49(4).

Guidance

- Service providers have systems and processes in place to monitor, review and improve the quality of the service. This will include identifying:
 - who is responsible for ensuring this is done;
 - how this will be done;
 - how often this takes place; and
 - arrangements for the responsible individual to report to the service provider.
- The outcome of any review is analysed and reviewed by people with the appropriate knowledge, skills and competence to understand its significance and take action to secure improvement. Service providers seek professional/expert advice as needed and in a timely manner to help secure improvements.
- Service providers can demonstrate how they have:
 - analysed and responded to the information gathered; and
 - used the information to make improvements.
- Service providers monitor progress against plans to improve the quality and safety of services, and take appropriate action immediately where progress is not achieved as expected.
- The systems and processes are continually reviewed to make sure they enable the service provider to identify where quality

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| | <p>and/or safety of services are being, or may be, compromised and to enable an appropriate timely response.</p> <ul style="list-style-type: none"> • As part of the quality review process, service providers: <ul style="list-style-type: none"> ○ encourage feedback; ○ regularly seek the views of individuals about the quality of the service; and ○ are able to demonstrate they have done this and provide an analysis of the feedback they have received. • The methods used to engage with and gain the views of those listed in regulation 6(2) using the service are appropriate to their age, level of understanding and take into account any specific condition and/or communication needs. • Information collated through quality and audit systems is used to develop the quality of service report in line with regulation 49(4). |
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| Regulation 7 | Guidance |
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| <p>Requirements in relation to the responsible individual</p> <p>7.—(1) This regulation does not apply to a service provider who is an individual.</p> <p>(2) A service provider to whom this regulation applies must ensure that the person who is designated as the responsible individual—</p> <ul style="list-style-type: none"> (a) is supported to carry out their duties effectively, and (b) undertakes appropriate training. <p>(3) In the event that the service provider has reason to believe that the responsible individual has not complied with a requirement imposed by the regulations in Parts 11 to 15, the provider must—</p> | <ul style="list-style-type: none"> • Service providers have systems and processes in place for regular formal discussion with, and support for, the responsible individual. • Service providers support the responsible individual to undertake training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by SCW. Training for responsible individuals includes that which covers: <ul style="list-style-type: none"> ○ legislative framework and requirements; ○ specific duties of a responsible individual; |

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| <p>(a) take such action as is necessary to ensure that the requirement is complied with, and</p> <p>(b) notify the service regulator.</p> <p>(4) During any time when the responsible individual is unable to fulfil their duties, the service provider must ensure that there are arrangements in place for—</p> <p>(a) the effective management of the service,</p> <p>(b) the effective oversight of the service,</p> <p>(c) the compliance of the service with the requirements imposed by the regulations in Parts 3 to 10, and</p> <p>(d) monitoring, reviewing and improving the quality of support provided.</p> <p>(5) If the responsible individual is unable to fulfil their duties for a period of more than 28 days, the service provider must—</p> <p>(a) notify the service regulator, and</p> <p>(b) inform the service regulator of the interim arrangements.</p> | <ul style="list-style-type: none"> ○ service performance and quality management; and ○ shaping service culture, etc. <ul style="list-style-type: none"> • Where a responsible individual has failed to fulfil their role the service provider notifies the service regulator of any action taken and, where relevant, advises on the arrangements to designate a replacement. • If there is no responsible individual or the responsible individual is unable to fulfil their duties for any reason, for example they are absent from their role due to illness, the service provider ensures that the responsibility for oversight of the management of the service, as set out in Parts 11 to 15 of the Regulations, is still being met under alternative arrangements. |
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| Regulation 8 | Guidance |
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| <p>Requirements in relation to the responsible individual where the service provider is an individual</p> <p>8.—(1) This regulation applies where the service provider is an individual.</p> <p>(2) If this regulation applies, the individual must undertake appropriate training for the proper discharge of the individual's duties as the responsible individual.</p> <p>(3) During any time when the individual is absent, the individual must ensure that there are arrangements in place for—</p> <p>(a) the effective management of the service,</p> | <ul style="list-style-type: none"> • The responsible individual undertakes training which enables them to carry out their role effectively and to meet the aims of the service as outlined in the statement of purpose and in line with practice guidance recommended by SCW. Training includes that which covers: <ul style="list-style-type: none"> ○ legislative framework and requirements; ○ specific duties of a responsible individual; ○ service performance and quality management; and ○ shaping service culture, etc • If the responsible individual is unable to fulfil their duties for any reason, for example they are absent from their role due to |

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| <p>(b) the effective oversight of the service,</p> <p>(c) the compliance of the service with the requirements of the regulations in Parts 3 to 10, and</p> <p>(d) monitoring, reviewing and improving the quality of support provided.</p> <p>(4) If the individual is unable to fulfil their duties as a responsible individual for a period of more than 28 days, the individual must—</p> <p>(a) notify the service regulator, and</p> <p>(b) inform the service regulator of the interim arrangements.</p> | <p>illness, the responsible individual ensures alternative arrangements are put in place to ensure the requirements in regulation 8(3) are met.</p> |
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| Regulation 9 | Guidance |
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| <p>Requirements in relation to the financial sustainability of the service</p> <p>9.—(1) The service provider must take reasonable steps to ensure that the service is financially sustainable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>(2) The service provider must maintain appropriate and up to date accounts for the service.</p> <p>(3) The service provider must provide copies of the accounts to the Welsh Ministers within 28 days of being requested to do so.</p> <p>(4) The Welsh Ministers may require accounts to be certified by an accountant.</p> | <ul style="list-style-type: none"> • Systems are in place to ensure financial planning, budget monitoring and financial control is carried out effectively. • Systems are in place to ensure financial stability and consumer protection in line with any national guidance and financial regulations. • Service providers have the financial resources needed to provide, and continue to provide, the services described in the statement of purpose and in order to meet the requirements of the Regulations. • Service providers have appropriate insurance and suitable indemnity arrangements in place to cover potential liabilities arising from death, injury, or other causes, loss or damage to property, and other financial risks. • Where audited accounts are not available, annual accounts are completed by a qualified accountant for the purpose of regulation and inspection. |

- The accounts demonstrate that the service is financially viable and likely to have sufficient funding to continue to fulfil service delivery as set out in its statement of purpose.

| Regulation 10 | Guidance |
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| <p>Requirements to provide the service in accordance with policies and procedures</p> <p>10.(1) The service provider must ensure that the following policies and procedures are in place for the service—</p> <ul style="list-style-type: none"> (a) commencement of the service (see regulation 12); (b) safeguarding (see regulation 20); (c) supporting and developing staff (see regulation 24); (d) staff discipline (see regulation 27); (e) complaints (see regulation 33); (f) whistleblowing (see regulation 34). <p>(2) The service provider must also have such other policies and procedures in place as are reasonably necessary to support the aims and objectives of the service set out in the statement of purpose.</p> <p>(3) The service provider must ensure that the content of the policies and procedures which are required to be in place by virtue of paragraphs (1) and (2) is—</p> <ul style="list-style-type: none"> (a) appropriate to the needs of individuals for whom support is provided, (b) consistent with the statement of purpose, and (c) kept up to date. <p>(4) The service provider must ensure that the service is provided</p> | <ul style="list-style-type: none"> • Service providers have the policies and procedures in place as required by the Regulations. • Policies and procedures are proportionate to the service being provided in accordance with the statement of purpose. • Policies and procedures: <ul style="list-style-type: none"> ○ are aligned to any current legislation and national guidance; ○ set out how they relate to any regional service, including the regional framework and any agreements, where appropriate; ○ provide guidance for staff to ensure that services are provided in line with the statement of purpose; and ○ set out requirements to inform individuals about how the service is provided. • Policies, procedures and practices are reviewed and updated in light of changes to practice, changing legislation and best practice recommendations. • Staff and individuals using the service have the opportunity to be involved in developing policies and procedures. • Where changes are made to the statement of purpose the policies and procedures are reviewed and updated to reflect the |

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| <p>in accordance with those policies and procedures.</p> | <p>changes.</p> <ul style="list-style-type: none"> • Service providers ensure staff have access to, and knowledge and understanding of, the policies and procedures which support them in their role in meeting the individual’s need for support. • All policies and procedures are available on request to the individuals who use the service and their representatives. • Policies and procedures are in a format accessible to the individual and they receive assistance as is necessary to enable them to understand the information provided. • Systems for monitoring and improvement include those which ensure the service is being run in accordance with the policies and procedures. |
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| Regulation 11 | Guidance |
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| <p>Duty of candour</p> <p>11. The service provider must act in an open and transparent way with—</p> <ul style="list-style-type: none"> (a) individuals; (b) any representatives of those individuals. | <ul style="list-style-type: none"> • Service providers have policies and procedures in place to support a culture of openness and transparency, and ensure that all staff are aware of and follow them. These policies and procedures are in line with, and take account of, SCW guidance on the professional duty of candour for social care professionals registered with SCW. • Service providers promote a culture of candour that includes: <ul style="list-style-type: none"> ○ being open and honest when engaging with those listed in regulation 11 (a) and (b); ○ providing information about incidents which happen and the outcome of any investigations that take place; and |

○ offering an apology for what has happened, where it is appropriate to do so.

- Service providers take action to prevent and appropriately address bullying, victimisation and/or harassment in relation to the duty of candour, and investigate any instances where a board member, responsible individual, or member of staff may have obstructed another in exercising their duty of candour.
- Service providers have a system in place to identify and deal with possible breaches of the duty of candour by staff who are professionally registered, including the obstruction of another in their duty of candour. Action taken to address such breaches includes, where appropriate, a referral to the professional regulator or other relevant body.

1.2 Requirements on service providers as to the steps to be taken before agreeing to provide support (Part 4)

The intent of the requirements within Part 4 of the Regulations is to provide individuals with assurance that before a service provider offers support they have considered a wide range of information to confirm the service is able to support individuals to meet their needs.

| Regulation 12 | Guidance |
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| <p>Suitability of the service</p> <p>12.—(1) The service provider must not provide support for an individual unless the provider has determined that the service is suitable to meet the individual’s need for support.</p> <p>(2) The service provider must have in place a policy and procedures on commencement of the service.</p> <p>(3) The determination under paragraph (1) must take into account—</p> <ul style="list-style-type: none"> (a) any up to date plan; (b) any health or other relevant assessments; (c) the individual’s views, wishes and feelings; (d) any risks to the individual’s well-being; (e) any risks to the well-being of other individuals to whom support is provided; (f) the individual’s religious persuasion, racial origin, cultural and linguistic background, sexual orientation and gender identity; (g) any reasonable adjustments which the service provider could make to enable the individual’s need for support to be met; (h) the service provider’s policy and procedures on | <ul style="list-style-type: none"> • Service providers have in place a policy and procedures on commencement of the service. This includes but is not limited to: <ul style="list-style-type: none"> ○ the point of entry to the service considered to constitute the formal commencement of adoption service(s) to an individual, i.e. initial visits / counselling. This should not include initial enquiries or responding to such contact. ○ arrangements for confirming that the service can or cannot provide the support for which an individual has need; ○ who will be consulted as part of the process; ○ the information to be considered; ○ the assessment processes and who will undertake the assessment; ○ the circumstances where a service will not be provided; ○ opportunities to visit the service and the prospective adopter’s home (where relevant); and ○ the arrangements for commencing the service. • A summary of the commencement procedure is included in the statement of purpose and the service provider’s written guide to the service. • Before agreeing to provide a service the service provider makes an informed decision as to whether or not they can meet an |

commencement of the service.

(4) In a case where the individual does not have a plan, the service provider must assess the individual's need for support.

(5) The assessment required by paragraph (4) must be carried out by a person who—

(a) has the skills, knowledge and competence to carry out the assessment, and

(b) has received training in the carrying out of assessments.

(6) In making the determination in paragraph (1), the service provider must involve the individual and any representative. But the service provider is not required to involve a representative if—

(a) the individual is an adult or a child aged 16 or over and the individual does not wish the representative to be involved, or

(b) involving the representative would not be consistent with the individual's well-being.

(7) In this regulation "plan" may include—

(a) an adoption support plan,

(b) a care and support plan, or

(c) a placement plan.

individual's need for support. In making this decision the service provider:

- takes into account the requirements set out within regulation 12(3);
- consults with the individual and/or their representative to determine what their views are;
- obtains copies of and gives consideration to any existing care and support plan, adoption support plan or placement plan (where these exist);
- considers any risks to the individuals or to others using the service and staff; and
- obtains information relating to the individual's specialist needs and requirements in order to confirm these can be met in line with the statement of purpose.

- Where the service is unable to meet the individual's need for support, the individual is referred to an appropriate service provider.
- Service providers ensure there is relevant information and help for individuals to understand the choices available to them, in a format accessible to the individual and suitable to their age and level of understanding.
- Information obtained is sufficient to enable smooth transition for the individual to receive the service.
- Where the individual lacks the mental capacity to make specific decisions about their support and no lawful representative is appointed, their best interests should be established and acted upon in accordance with the Mental Capacity Act 2005.
- People making these decisions on behalf of the service provider

have sufficient responsibility and authority (within the organisation) to be able to decide whether the service can meet the individual's need for support.

- Where an individual does not have existing assessments and/or care and support plan, adoption support plan or placement plan, an assessment must be undertaken prior to agreeing to provide a service. This assessment includes the individual's need for support and, any specialist support required, for instance to meet communication, emotional, educational, social, cultural, religious and spiritual needs.
- Where support is provided on an emergency basis, every effort should be made to secure as much information as possible (including relevant assessments) prior to provision to ensure that the service can meet the individual's needs.
- Where the service provision involves an adopted adult and their birth relatives, it is the wishes, feelings and the welfare and safety of the adopted adult which take precedence.
- Individuals are made aware that they may be entitled to request an assessment of their needs for adoption support services from their local authority.

1.3 Requirements on service providers as to the information to be provided to individuals on commencement of the provision of support (Part 5)

The intent of Part 5 of the Regulations is to ensure that individuals are provided with information about the service to enable them to have:

- a clear understanding of the culture and ethos of the service;
- an outline of the services they can expect to receive;
- an understanding of the manner in which services will be provided; and
- the terms and conditions of the service.

This should enable individuals and any representatives to have a good understanding of how the service operates in providing support. The written guide also contains the information they need to raise concerns and make complaints to service providers when they are dissatisfied with the service and informs them of how to escalate concerns if they are not satisfied with the response.

| Regulation 13 | Guidance |
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| <p>Information about the service</p> <p>13.—(1) The service provider must prepare a written guide to the service.</p> <p>(2) The guide must be—</p> <p>(a) dated, reviewed at least annually and updated as necessary;</p> <p>(b) in an appropriate language, style, presentation and format, having regard to the statement of purpose for the service;</p> <p>(c) given to any individual who is receiving support;</p> <p>(d) made available to others on request, unless this is not appropriate or would be inconsistent with the well-being of</p> | <ul style="list-style-type: none"> • A written guide is available to those listed in regulation 13(2)(c), and 13(2)(d) if appropriate, which provides information about the service. • The guide is in plain language and in a format that reflects the needs, age and level of understanding of those for whom the service is intended. The guide is made available in formats and media accessible and appropriate to the audience. For example, preferred and appropriate language, large print, audio, computerised or visual aids. When required it is explained in the individual’s preferred method of communication. • Where required, individuals are assisted to understand the contents of the guide and what it means for them. • The guide sets out the areas required by regulation 13(3) and in |

an individual.

(3) The guide must contain information about—

- (a) how to raise a concern or make a complaint;
- (b) the availability of advocacy services;
- (c) the role and contact details for the Children’s Commissioner for Wales.

(4) The service provider must ensure that an individual receives such assistance as is necessary to enable the individual to understand the information contained in the guide.

addition includes the following:

- arrangements for welcoming and supporting individuals;
- the ethos, culture and priorities of the service including summary of the statement of purpose;
- information on any support processes and related timescales, where relevant;
- information on the process for seeking support, where appropriate;
- information about foster to adopt;
- how to access the most recent inspection report completed by the service regulator;
- key staff who will be assisting the individual;
- how to contact the responsible individual;
- an individual’s right to make representations and the help available if needed;
- the complaints procedure and how to make a complaint;
- contact details and role of the Public Service Ombudsman for Wales, the service regulator, the Children’s Commissioner for Wales (as appropriate);
- information about the entitlement for looked after children to access independent advocacy services and the assistance available to children to help them to access such services;
- arrangements for contributing views on the running of the service;
- fees – range, any additional fees or costs payable by the individual, method of payment, notice of increase;
- terms and conditions including circumstances in which the service may cease to be provided and notice periods; and
- how individuals can access their own records.

| Regulation 14 | Guidance |
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| <p>Service agreement</p> <p>14.—(1) The service provider must ensure that every individual who receives support is given a signed copy of any agreement relating to—</p> <ul style="list-style-type: none"> (a) the support provided to the individual; (b) any other services provided to the individual. <p>(2) The service provider must ensure that the individual receives such assistance as is necessary to enable the individual to understand the information contained in any such agreement.</p> | <ul style="list-style-type: none"> • Individuals using the service are given a copy of any agreement with, where appropriate: <ul style="list-style-type: none"> ○ information about the costs payable by the individual, for example medicals, mileage/travel costs relating to assessment, training and panel attendance; application fees, legal costs, etc; other costs covered by the placing authority; and terms and conditions of the service including termination of contracts and notice period, so that they can make decisions about their support; and ○ the information which details the individual service to be provided. • Service providers give individuals, or their representative, a written estimate of any costs of support payable by the individual, in a format accessible to the individual and suitable to their age and level of understanding. This includes details of any likely additional costs. |

1.4 Requirements on service providers as to the standards of support to be provided (Part 6)

The intent of Part 6 of the Regulations is to ensure that individuals are assisted to meet their needs for support. The service is designed in consultation with individuals and considers their personal wishes and aspirations, any risks and specialist needs which inform their needs for support.

This includes:

- providing assistance that enables the individual to meet their needs for support;
- provision of staff with the knowledge, skills and competency to meet the individual’s needs for support;
- ensuring staff have the appropriate language and communication skills; and
- consultation with and seeking support from relevant agencies and specialists where required.

| Regulation 15 | Guidance |
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| <p>Standards of support – overarching requirements</p> <p>15.—(1) The service provider must ensure that support is provided in a way which protects, promotes and maintains the safety and well-being of individuals.</p> <p>(2) The service provider must ensure that support is provided in a way which—</p> <p>(a) maintains good personal and professional relationships with individuals and staff, and</p> <p>(b) encourages and assists staff to maintain good personal and professional relationships with individuals.</p> | <ul style="list-style-type: none"> • The service provider’s expectations as to standards of support are clearly set out in the statement of purpose. • Policies and procedures are in line with any current legislation and national guidance; and reflect evidence-based practice. • Service providers ensure the service is responsive and proactive in identifying and mitigating risks. • Service providers ensure support is delivered in a dignified and respectful manner, with staff demonstrating a positive and caring attitude towards individuals. • Service providers ensure support is provided in keeping with any care and support plan, adoption support plan and/or placement plan in respect of the individual, and that it assists individuals to meet their needs for support having regard to their: |

- physical, mental and emotional well being;
- cultural, religious, social or spiritual preferences;
- education, training and recreation needs;
- family and personal relationships;
- control over everyday life and where relevant participation in work;
- intellectual, emotional and behavioural development;
- rights and entitlements, in particular with regard to the United Nations Convention on the Rights of the Child; and
- protection from any abuse and neglect.

Examples of this include:

- Children are introduced to their prospective adopters sensitively and with careful and considered planning that promotes attachment. When unplanned circumstances require children to move on from one setting to another, then the welfare and well-being of children remain paramount and agency staff act at all times with this in mind.
- Individuals are given support that assists them to manage their own conflicts and difficult feelings.
- Individuals develop positive relationships with other individuals and staff. There are clear, consistent and appropriate boundaries for children.
- Children have appropriate, carefully assessed, supported contact (direct and/or indirect) with their birth relatives, including their brothers and sisters, and other people who are important to them, such as previous carers, where this is in their best interests.

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| | <ul style="list-style-type: none"> • Ongoing appropriate support designed to ensure that adopters and prospective adopters continue to understand the potential impact of abuse and neglect on their adopted child’s behaviour as they grow older (including the trauma created by adverse childhood experiences) in order to equip them to provide stable and secure attachments. • Service providers have arrangements in place to assist individuals to raise concerns where there are difficulties in the provision of support. |
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| Regulation 16 | Guidance |
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| <p>Information</p> <p>16.—(1) The service provider must put arrangements in place to ensure that an individual has the information they need to make or participate in assessments, plans and day to day decisions about the way support is provided to them.</p> <p>(2) Information provided must be available in the appropriate language, style, presentation and format, having regard to—</p> <ul style="list-style-type: none"> (a) the nature of the service as described in the statement of purpose; (b) the level of the individual’s understanding and ability to communicate; (c) in the case of a child, the child’s age. <p>(3) The service provider must ensure that the individual receives such assistance as is necessary to enable them to understand the information provided.</p> | <ul style="list-style-type: none"> • Service providers ensure that individuals are able to make decisions about their lives and are helped where necessary to do this. • Individuals are offered the opportunity and are enabled to contribute their views about the day to day running of the service. • Service providers put in place arrangements to enable individuals to access relevant advocacy services or self advocacy groups (if they wish) and help with their communication needs to enable them to make decisions about their lives. • Service providers put in place arrangements to enable individuals to understand the information provided. • Where information is available about children who need families locally, this is provided promptly and in a clear and accurate way. |

| Regulation 17 | Guidance |
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| <p data-bbox="147 248 613 284">Language and communication</p> <p data-bbox="147 347 1077 416">17.The service provider must take reasonable steps to meet the language and communication needs of an individual.</p> | <ul style="list-style-type: none"> <li data-bbox="1144 217 2069 400">• Service providers have arrangements in place to assist individuals with their specific communication and language needs in line with the statement of purpose. Where necessary this will include putting in place measures to ensure that individuals can communicate meaningfully. This includes: <ul style="list-style-type: none"> <li data-bbox="1279 440 2024 475">○ the individual’s language of need and choice; and <li data-bbox="1279 480 2051 695">○ additional means of communication such as Picture Exchange Communication System (PECS), Treatment and Education of Autistic and Communication related handicapped Children (TEACCH), Makaton and British Sign Language (BSL) where appropriate. <li data-bbox="1144 730 2080 839">• Service providers identify an individual’s communication needs as part of their determination as to whether the service can meet their needs for support. <li data-bbox="1144 874 2063 943">• Individuals can understand staff when they communicate with them. <li data-bbox="1144 978 2051 1086">• Service providers deliver, or work towards, actively offering a service in the Welsh language to individuals whose first language is Welsh. |

| Regulation 18 | Guidance |
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| <p>Respect and sensitivity</p> <p>18.—(1) The service provider must ensure that individuals are treated with respect and sensitivity.</p> <p>(2) This includes, but is not limited to—</p> <ul style="list-style-type: none"> (a) respecting the individual’s privacy and dignity; (b) respecting the individual’s rights to confidentiality; (c) promoting the individual’s autonomy and independence; (d) having regard to any relevant protected characteristics (as defined in section 4 of the Equality Act 2010) of the individual. | <ul style="list-style-type: none"> • Service providers ensure that individuals are: <ul style="list-style-type: none"> ○ listened to, and communicated with, in a courteous and respectful manner; and ○ treated with respect and feel valued. • Service providers ensure that systems are in place to respond promptly to the requests of and work with individuals who have been affected by adoption, at all times being respectful of their ethnic origin, religion, culture, language, sexuality, gender and disability and their experience and understanding of adoption. |

1.5 Requirements on service providers – safeguarding (Part 7)

The intent of Part 7 of the Regulations is to ensure that service providers have in place the mechanisms to safeguard vulnerable individuals to whom they provide support.

This includes arrangements that:

- empower vulnerable individuals using the service to speak up about their needs, wishes and experiences;
- support and underpin staff knowledge, understanding and skill in identifying risks and action to take where abuse, neglect or improper treatment is suspected or identified; and
- ensure providers work collaboratively with relevant partners to prevent and take action where abuse, neglect or improper treatment is suspected or identified.

| Regulation 19 | Guidance |
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| <p>Safeguarding - overarching requirement</p> <p>19.— The service provider must provide the service in a way which ensures that individuals are safe and are protected from abuse, neglect and improper treatment.</p> | <ul style="list-style-type: none"> • When they begin using the service, individuals are given information about safeguarding, how to raise a concern and about what help is available to enable them to do so. • Staff and individuals can access up to date safeguarding policies and procedures. • Staff receive training relevant to their role to enable them to understand their responsibility to safeguard and protect vulnerable individuals. This includes both internal and local safeguarding arrangements including how to raise a concern (whistleblowing). • Staff training is ongoing at regular intervals in line with local safeguarding recommendations. • Staff are aware of their individual responsibilities for raising concerns to ensure the safety and well-being of individuals. |

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| | <ul style="list-style-type: none"> • Service providers make provision to support staff raising safeguarding concerns (whistleblowing). • Service providers work in partnership with other relevant professionals and agencies and manage risk to individuals using the service. • Records of safeguarding referrals and outcomes are maintained to enable oversight and scrutiny of safeguarding within the service. Protection of vulnerable individuals must be overseen by the responsible individual and within the governance structure with arrangements made for oversight at board level. • Service providers ensure that outcomes arising from any safeguarding referral are communicated to the individual in a method appropriate to their age, level of understanding and which takes into account any specific condition and/or communication needs. |
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| Regulation 20 | Guidance |
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| <p>Safeguarding policies and procedures</p> <p>20.—(1) The service provider must have policies and procedures in place—</p> <p>(a) for the prevention of abuse, neglect and improper treatment, and</p> <p>(b) for responding to any allegation or evidence of abuse, neglect or improper treatment.</p> <p>(2) In this regulation, such policies and procedures are referred to as safeguarding policies and procedures.</p> <p>(3) The service provider must ensure that their safeguarding</p> | <ul style="list-style-type: none"> • There is an up to date safeguarding policy and procedures in place. • Policies and procedures are aligned to current legislation, national guidance and local safeguarding procedures. • The safeguarding policy and procedures include the individual roles and responsibilities of staff or others working at the service in receiving and reporting allegations of abuse, neglect or improper treatment or suspected abuse, neglect or improper treatment. This will include instruction for staff on actions to be taken and mechanisms for referral to the local authority and |

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| <p>policies and procedures are operated effectively.</p> <p>(4) In particular, where there is an allegation or evidence of abuse, neglect or improper treatment, the service provider must—</p> <ul style="list-style-type: none"> (a) act in accordance with their safeguarding policies and procedures, (b) take immediate action to ensure the safety of all individuals for whom support is provided, (c) make appropriate referrals to other agencies, and (d) keep a record of any evidence or the substance of any allegation, any action taken and any referrals made | <p>other relevant partners and agencies.</p> <ul style="list-style-type: none"> • Service providers ensure that service users are informed of their right to independent professional advocacy services. |
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| <p>Regulation 21</p> |
| <p>Interpretation of Part 7</p> <p>21. In this Part—</p> <p>“abuse” (“<i>camdriniaeth</i>”) means physical, sexual, psychological, emotional or financial abuse and, in relation to a child, any other harm.</p> <p>For the purposes of this definition—</p> <p>(a) “financial abuse” (“<i>camdriniaeth ariannol</i>”) includes—</p> <ul style="list-style-type: none"> (i) having money or other property stolen; (ii) being defrauded; (iii) being put under pressure in relation to money or other property; (iv) having money or other property misused; <p>(b) “harm” (“<i>niwed</i>”) has the same meaning as in section 197(1) of the 2014 Act;</p> <p>“improper treatment” (“<i>triniaeth amhriodol</i>”) includes discrimination or unlawful restraint, including inappropriate deprivation of liberty under the terms of the Mental Capacity Act 2005(3);</p> <p>“neglect” (“<i>esgeulustod</i>”) has the same meaning as in section 197(1) of the 2014 Act</p> |

1.6 Requirements on service providers as to staffing (Part 8)

The intent of Part 8 of the Regulations is to ensure that there are appropriate numbers of staff who have the required knowledge, competency, skills and qualifications to meet individuals' needs for support, to the required standards.

Service providers have in place:

- policies and procedures for recruitment;
- rigorous practices for recruiting and vetting staff;
- a structure of management and staffing that supports the statement of purpose and is relevant to individuals' needs for support; and
- management structure, systems and processes for induction, ongoing supervision, training and development of staff.

| Regulation 22 | Guidance |
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| <p>Staffing - overarching requirements</p> <p>22.—(1) The service provider must ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to—</p> <ul style="list-style-type: none"> (a) the statement of purpose for the service, (b) the individuals' need for support, (c) assisting individuals to meet their need for support, (d) the need to safeguard and promote the health and welfare of children, and (e) the requirements of these Regulations. <p>(2) The service provider must ensure that suitable arrangements are made for the support and development of staff.</p> | <ul style="list-style-type: none"> • Service providers have a demonstrable, measurable and systematic approach to determining the number of staff and range of skills/qualifications required to reliably meet individuals' needs for support. This considers, but is not limited to: <ul style="list-style-type: none"> ○ the statement of purpose; and ○ the individual's needs for support. • Staffing levels and skill mix are reviewed continuously and adapted to respond to the changing needs of the service. • Arrangements are in place to cover staff sickness or absence to ensure individuals' needs for support are met. |

| Regulation 23 | Guidance |
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| <p>Fitness of staff</p> <p>23.—a) The service provider must not—</p> <ul style="list-style-type: none"> (a) employ a person under a contract of employment to work at the service unless that person is fit to do so; (b) allow a volunteer to work at the service unless that person is fit to do so; (c) allow any other person to work at the service in a position in which that person may, in the course of duties, have regular contact with individuals who are receiving support or with other persons who are vulnerable unless that person is fit to do so. <p>(2) For the purposes of paragraph (1), a person is not fit to work at the service unless—</p> <ul style="list-style-type: none"> (a) the person is of suitable integrity and good character; (b) the person has the qualifications, skills, competence and experience necessary for the work that person is to perform; (c) the person is able by reason of their health, after reasonable adjustments are made, to properly perform the tasks which are intrinsic to the work for which that person is employed or engaged; (d) the person has provided full and satisfactory information or documentation, as the case may be, in respect of each of the matters specified in Part 1 of Schedule 1 and this information or documentation is available at the service for inspection by the service regulator; (e) where the person is employed by the service provider to manage the service, from 1 April 2022, the person is | <ul style="list-style-type: none"> • Service providers have rigorous selection and vetting systems in place to enable them to make a decision on the appointment or rejection of all staff and volunteer applicants. This includes the information set out in Schedule 1 of the Regulations. This also includes checking the veracity of references and past employment records. • Where agency staff are deployed service providers ensure that they are subject by the agency to the same checks as permanently employed staff and have evidence to demonstrate that the checks have been undertaken. This may include confirmation and checklists supplied by any agency, where sufficiently reliable and robust. • Service providers have a process in place to check that staff have appropriate and current registration with a professional regulator where required or, where applicable, an accredited voluntary register. • Having considered all the information available service providers will determine whether the person has the necessary skills, qualifications and good character to undertake the role for which they are employed/deployed. • Where staff (including volunteers) no longer meet the required fitness criteria set out in regulation 23(2), service providers take appropriate and timely action. For example, this may include: <ul style="list-style-type: none"> ○ coaching and mentoring; ○ providing additional training and supervision; and ○ the use of disciplinary or capability procedures. |

registered as a social care manager⁽⁴⁾ with SCW⁽⁵⁾.

(3) An appropriate DBS certificate must be applied for by, or on behalf of the service provider, for the purpose of assessing the suitability of a person for the post referred to in paragraph (1). But this requirement does not apply if the person working at the service is registered with the Disclosure and Barring Service update service (referred to in this regulation as “the DBS update service”).

(4) Where a person being considered for a post referred to in paragraph (1) is registered with the DBS update service, the service provider must check the person’s DBS certificate status for the purpose of assessing the suitability of that person for that post.

(5) Where a person appointed to a post referred to in paragraph (1) is registered with the DBS update service, the service provider must check the person’s DBS certificate status at least annually.

(6) Where a person appointed to a post referred to in paragraph (1) is not registered with the DBS update service, the service provider must apply for a new DBS certificate in respect of that person within three years of the issue of the certificate applied for in accordance with paragraph (3) and thereafter further such applications must be made at least every three years.

(7) If any person working at the service is no longer fit to work at the service as a result of one or more of the requirements in paragraph (2) not being met, the service provider must—

- (a) take necessary and proportionate action to ensure that the relevant requirements are complied with;
- (b) where appropriate, inform—
 - (i) the relevant regulatory or professional body;
 - (ii) the Disclosure and Barring Service.

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

⁴ See section 79(1)(b) of the Act for the definition of a “social care manager”.

⁵ See section 67(3) of the Act for the definition of Social Care Wales as “SCW”.

| Regulation 24 | Guidance |
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| <p>Supporting and developing staff</p> <p>24.—(1) The service provider must have a policy in place for the support and development of staff.</p> <p>(2) The service provider must ensure that any person working at the service (including a person allowed to work as a volunteer)—</p> <ul style="list-style-type: none"> (a) receives an induction appropriate to their role; (b) is made aware of their own responsibilities and those of other staff; (c) receives appropriate supervision and appraisal; (d) receives core training appropriate to the work to be performed by them; (e) receives specialist training as appropriate; (f) receives support and assistance to obtain such further training as is appropriate to the work they perform. <p>(3) The service provider must ensure that any person employed to work at the service as a manager is supported to maintain their registration with SCW.</p> | <ul style="list-style-type: none"> • Service providers ensure they have an induction programme that equips all new staff (including volunteers) to be confident in their roles and practice. Staff and volunteers understand their roles and responsibilities. • Social care workers complete the relevant induction programme required by SCW within the defined timescales alongside any service-specific induction programmes. • Staff have access to copies of any relevant codes of practice and practice guidance, including any issued by SCW. The standards specified in these codes and practice guidance are actively promoted. • Where agency staff are deployed an introduction to the service is provided which includes, but is not limited to: <ul style="list-style-type: none"> ○ the statement of purpose; ○ core policies and procedures; and ○ management and supervision arrangements. • Staff receive supervision in their role to help them reflect on their practice and to make sure their professional competence is maintained. This includes feedback about their performance from individuals using the service. • Staff meet for one to one supervision or group supervision (where appropriate) with their line manager or equivalent officer, or a more senior member of staff, no less than quarterly. • All staff have an annual appraisal which provides feedback on |

their performance and identifies areas for training and development in order to support them in their role.

- Additional training, learning and development needs of individual staff members are identified within the first month of employment and reviewed through the supervision and appraisal process.
- Staff are supported to undertake training, learning and development to enable them to fulfil the requirements of their role and meet the needs of individuals using the service.
- Service providers undertake an annual (or more frequently if required) training needs analysis to ensure that staff have the relevant skills and competence to meet the needs of individuals in accordance with the statement of purpose for the service.
- Service providers maintain a written record of all training and supervision undertaken or to be undertaken by staff.
- Service providers support all staff to complete, where appropriate:
 - core training;
 - necessary qualifications that would enable them to continue to perform their role;
 - training and activities required for continuing professional development;
 - other training deemed appropriate by the service provider; and
 - core and specialist training identified for their role by SCW.

| Regulation 25 | Guidance |
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| <p>Compliance with code of practice</p> <p>25. The service provider must adhere to the code of practice on the standards of conduct and practice expected of persons employing or seeking to employ social care workers, which is required to be published by Social Care Wales under section 112(1)(b) of the Act.</p> | <ul style="list-style-type: none"> • Service providers have a clear understanding of their role and responsibilities in relation to the Code of Practice for Employers of Social Care Staff (SCW publication) and/or other codes of practice applicable to employers which may be issued by SCW from time to time. |
| Regulation 26 | Guidance |
| <p>Information for staff</p> <p>26.—(1) The service provider must ensure that all persons working at the service (including any person allowed to work as a volunteer) are provided with information about the service and the way it is provided.</p> <p>(2) The service provider must ensure that there are arrangements in place to make staff aware of any codes of practice about the standards of conduct expected of social care workers, which are required to be published by Social Care Wales under section 112(1)(a) of the Act.</p> | <ul style="list-style-type: none"> • Service providers compile and make available information for staff in line with the statement of purpose. This includes information about the following matters— <ul style="list-style-type: none"> ○ ethos and culture of the service; ○ the conduct expected of staff and other workers; ○ the roles and responsibilities of staff and others working at the service; ○ the policies and procedures of the service; ○ record keeping requirements; ○ confidentiality and data protection requirements; ○ disciplinary procedures; ○ arrangements for reporting concerns; and ○ arrangements for lone working. • Service providers ensure staff have access to and understand up-to-date copies of all relevant policies, procedures and codes of practice. They ensure staff have read these during the induction period and test staff members' ongoing understanding through supervision and performance reviews. |

- Service providers ensure staff undertake their duties in line with the requirements of the policies and procedures.
- All staff are provided with a written job description which states clearly their responsibilities, the duties currently expected of them and their line of accountability.
- Regular staff meetings (a minimum of six meetings per year) take place, the issues discussed are recorded and appropriate actions are taken as a result.

Regulation 27

Disciplinary procedures

27.—(1) The service provider must put in place and operate a disciplinary procedure.

(2) The disciplinary procedure must include—

- (a) provision for the suspension, and the taking of action short of suspension, of an employee, in the interests of the safety or well-being of individuals;
- (b) provision that a failure on the part of an employee to report an incident of abuse, or suspected abuse, to an appropriate person, is grounds on which disciplinary proceedings may be instituted.

(3) For the purpose of paragraph (2)(b), an appropriate person is—

- (a) the service provider,
- (b) the responsible individual,
- (c) an officer of the service regulator,
- (d) an officer of the local authority for the area where the service is provided,

Guidance

- Service providers have a disciplinary procedure, in line with employment law, to deal with employee performance and conduct. This includes:
 - information about what is acceptable and unacceptable behaviour and what action will be taken if there are concerns about staff behaviour; and
 - the arrangements for a member of staff to be suspended (or transferred to other duties) pending consideration or investigation of any allegations of abuse or serious concerns relating to the safety or well-being of individuals.
- Where the provider is undertaking disciplinary action against any employee and the employee leaves prior to the completion of the disciplinary process, consideration is given to whether a referral to the police, Disclosure and Barring Service, SCW or any other professional body is appropriate.
- Where a volunteer's fitness to practise is in question, due to any

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| <p>(e) in the case of an incident of abuse or suspected abuse of a child, an officer of the National Society for the Prevention of Cruelty to Children, or</p> <p>(f) a police officer, as the case may be.</p> | <p>alleged misconduct/lack of capability of a concerning nature, the service provider takes appropriate and timely action. For example this may include:</p> <ul style="list-style-type: none">○ providing additional training and supervision;○ termination of the volunteer arrangements; and○ referral to the Disclosure and Barring Service or police, where appropriate. <ul style="list-style-type: none">● Service providers ensure staff are aware of and understand the relevant disciplinary procedures and grievance procedures.● A written report of any disciplinary investigations and action taken is kept on the employee's file in line with employment and data protection legislation. |
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1.7 Requirements on service providers as to premises (Part 9)

The intent of Part 9 of the Regulations is to set out the requirements for service providers to ensure that the service is provided in a location and environment suitable for the operation of the service.

| Regulations 28 | Guidance |
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| <p>Overarching requirement</p> <p>28. The service provider must ensure that the premises are suitable for the service, having regard to the statement of purpose for the service.</p> | <ul style="list-style-type: none">• The location, design and size of the premises are suitable for the service described in the statement of purpose. |
| Regulation 29 | Guidance |
| <p>Adequacy of premises</p> <p>29. The service provider must ensure that the premises used for the operation of the service have adequate facilities for—</p> <ul style="list-style-type: none">(a) the supervision of staff;(b) the secure storage of records. | <ul style="list-style-type: none">• Service providers have a suitable space within the premises, such as a shared meeting room, to provide privacy for the supervision of staff.• Records are stored securely in line with legislative requirements. |

1.8 Other requirements on service providers (Part 10)

The intent of Part 10 of the Regulations is to ensure that individuals are protected by a service that works proactively to protect their rights by:

- maintaining accurate records which are available to them and their representatives;
- communicating with the relevant regulatory bodies and statutory agencies where there are concerns and significant events affecting individuals;
- promoting an open and transparent service by publishing an accessible complaints policy and procedures;
- supporting staff to raise concerns about the service through whistleblowing procedures; and
- demonstrating learning from concerns and complaints to improve the service.

| Regulation 30 | Guidance |
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| <p>Records</p> <p>30.—(1) The service provider must keep and maintain the records specified in Schedule 2.</p> <p>(2) The service provider must—</p> <ul style="list-style-type: none"> (a) ensure that records specified in Schedule 2 are accurate and up to date; (b) keep the records securely; (c) make suitable arrangements for the records to continue to be kept securely in the event the service closes; (d) make the records available to the service regulator on request; (e) where an adoption order has been made in relation to a child, retain records relating to the child and the child’s adopter for at least 100 years from the date of the adoption | <ul style="list-style-type: none"> • There is a policy and procedures for the recording and management of records. This includes, but is not limited to: <ul style="list-style-type: none"> ○ the purpose, format, confidentiality and contents of files, including secure storage and access to case files in line with regulations; ○ arrangements for authorising access to the adoption case records, and for authorising the disclosure of adoption information; ○ the circumstances where it might wish to make records or information available, both within and outside the adoption service, for the purposes of its functions as an adoption service; ○ how staff should deal with requests for such access or disclosure and who is empowered to authorise them; and ○ the requirement that before the service provider may make case records or information available, a written agreement is |

order;

- (f) where adoption support services are provided to an individual, retain records relating to the individual for at least 100 years from the date of the last entry;
- (g) in a case which does not fall within sub-paragraph (e) or (f) retain—
 - (i) records relating to adults for 3 years from the date of the last entry;
 - (ii) records relating to children for 15 years from the date of the last entry;
- (h) ensure that individuals who use the service—
 - (i) can have access to their records, and
 - (ii) are made aware they can access their records

obtained from the person to whom the service provider wishes to disclose the case records or information that they will keep them confidential. This requirement does not cover the child or adopter but does cover the service provider's own members and employees, and members of its adoption panel.

- Staff are aware of the policy and have a clear understanding of the procedures for recording and managing records. This includes training in information security and action to be taken where personal information is compromised.
- Service providers maintain all the records required for the protection of individuals and the effective running of the service as specified by Schedule 2 of the Regulations.
- All records are secure, up to date and in good order. They are prepared, maintained and used in accordance with data protection legislation and other statutory requirements and are kept for the required length of time as set out in regulation 30(2)(e) to (g).
- Records are stored securely including electronic records which are password protected.
- Individuals and staff are given access to any records and information about them held by service providers in accordance with current legal requirements.
- The service provider provides all relevant information from its case files, in a timely way, to other regulated adoption services and local authority adoption services with whom it is working to effect the provision of support for a child.

| Regulation 31 | Guidance |
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| <p>Notifications</p> <p>31.(1) The service provider must notify the service regulator of the events specified in Part 1 of Schedule 3.</p> <p>(2) In the case of a service provided by an adoption society, the service provider must notify—</p> <ul style="list-style-type: none"> (a) the Local Health Board, or clinical commissioning group and the National Health Service Commissioning Board, of the events specified in Part 2 of Schedule 3; (b) the placing agency of the event specified in Part 4 of Schedule 3; (c) the area authority of the events specified in Part 5 of Schedule 3; (d) the placing authority of the events specified in Part 6 of Schedule 3; (e) the police of the event specified in Part 9 of Schedule 3. <p>(3) In the case of a service provided by an adoption support agency or an adoption society which provides adoption support services the service provider must notify—</p> <ul style="list-style-type: none"> (a) the Local Health Board, or clinical commissioning group and the National Health Service Commissioning Board, of the event specified in Part 3 of Schedule 3; (b) the placing authority of the events specified in Part 7 of Schedule 3; (c) the relevant authority of the event specified in Part 8 of Schedule 3; (d) the police of the event specified in Part 9 of Schedule 3. <p>(4) The notifications required by this regulation must include details of the event.</p> <p>(5) Unless otherwise stated, notifications must be made without delay and in writing.</p> <p>(6) Notifications must be made in such manner and in such form</p> | <ul style="list-style-type: none"> • Service providers have appropriate arrangements in place for the notification of the events listed in Schedule 3 of the Regulations to be made to the relevant authority. • Notifications are made without delay, usually within 24 hours of the event occurring. • The following applies in relation to Schedule 3. Service providers notify the relevant authorities of any incident of child sexual or criminal exploitation or suspected child sexual or criminal exploitation. This includes but is not limited to: <ul style="list-style-type: none"> ○ Where a child identified as at risk of child sexual or criminal exploitation goes missing; ○ where a child reports an incident that indicates they may be a victim of child sexual or criminal exploitation, or ○ where there is reason to believe a child may be subject to child sexual or criminal exploitation. |

as may be required by the service regulator.

(7) In this regulation—

- (a) “Local Health Board”, “clinical commissioning group” and the “National Health Service Commissioning Board” means the Local Health Board, or the clinical commissioning group and the National Health Service Commissioning Board in whose area the child—
 - (i) is placed for adoption by the service, or
 - (ii) who has died or sustained serious accident or injury in the course of receiving adoption support services was living at the time of the incident;
- (b) “area authority” means the local authority or local authority in England for the area in which a child is placed, or is to be placed, where this is different from the placing authority;
- (c) “placing agency” means the adoption agency that placed the child for adoption with the prospective adopter;
- (d) “placing authority” means, in relation to a child who is or was looked after by a local authority or local authority in England, that local authority;
- (e) “relevant authority” means the local authority in whose area the service is located and any other local authority on behalf of whom the service is providing adoption support services to that child by virtue of section 3(4)(a) of the 2002 Act.

Regulation 32

Conflicts of interest

32. The service provider must have effective arrangements in place to identify, record and manage potential conflicts of interest.

Guidance

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

| Regulation 33 | Guidance |
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| <p>Complaints policy and procedure</p> <p>33.—(1) The service provider must have a complaints policy in place and ensure that the service is operated in accordance with that policy.</p> <p>(2) The service provider must have effective arrangements in place for dealing with complaints including arrangements for—</p> <ul style="list-style-type: none"> (a) identifying and investigating complaints, (b) giving an appropriate response to a person who makes a complaint, if it is reasonably practicable to contact that person, (c) ensuring that appropriate action is taken following an investigation, and (d) keeping records relating to the matters in sub-paragraphs (a) to (c). <p>(3) The service provider must provide a summary of complaints, responses and any subsequent action taken to the service regulator within 28 days of being requested to do so.</p> <p>(4) The service provider must—</p> <ul style="list-style-type: none"> (a) analyse information relating to complaints and concerns, and (b) having regard to that analysis, identify any areas for improvement. | <ul style="list-style-type: none"> • There is a complaints policy in place. This includes the details of procedures as set out in regulation 33. • Service providers have an accessible complaints policy which includes an informal resolution stage and explains – <ul style="list-style-type: none"> ○ who can make a complaint and in relation to what ○ who to approach to discuss a concern/complaint ○ how individuals can be assisted to make a complaint ○ information about accessing independent advocacy, where available ○ how complaints will be dealt with; and ○ the stages and timescales for the process. • The policy and procedures are in an easy to read format, well publicised, readily available and accessible to individuals using the service, their families, significant others, visitors, staff and others working at the service. • Information about other avenues for complaint is included to assist complainants if they are not satisfied with the service provider’s action. For example, information about the complaints procedure of the placing agency or area authority, the Children’s Commissioner for Wales and/or the Public Services Ombudsman for Wales. • Individuals are able to make their complaint in writing or verbally to staff and these should be acknowledged unless complaints are made anonymously. • Staff are aware of the complaints policy and understand how to respond appropriately to complaints. |

- Service providers ensure any representation or complaint is acknowledged, addressed promptly and the complainant is kept informed of progress.
- A written report is provided to the complainant setting out the outcome of the complaint and any action to be taken.
- Consent should be gained (where practicable) to the disclosure of the details of a complaint where necessary to enable an effective investigation to take place, and confidentiality maintained during the complaints process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding.
- Individuals do not suffer discrimination, disadvantage, or the withdrawal or reduction of a service as a result of making representations or complaints.
- Systems are in place to make sure that all complaints are investigated in accordance with the timescales set out in the service provider's complaints policy. This includes the following:
 - undertaking a review to establish the level of investigation and immediate action required, including whether there is a requirement for a referral to appropriate authorities for investigation. This may include the service regulator or local authority safeguarding teams; and
 - where areas for improvement or service failures are identified, acting upon these immediately.
- Staff and others involved in the investigation of complaints have the right level of knowledge and skill to do this. They understand the service provider's complaints process and are knowledgeable about any current related guidance.

- Records of complaints are maintained and monitored to identify trends and areas of risk which may require pre-emptive action.
- Actions taken in response to complaints are reported on as part of the governance arrangements for the service.

| Regulation 34 | Guidance |
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| <p>Whistleblowing</p> <p>34.—(1) The service provider must have arrangements in place to ensure that all persons working at the service (including any person allowed to work as a volunteer) are able to raise concerns about matters that may adversely affect the health, safety or well-being of persons for whom the service is provided.</p> <p>(2) These arrangements must include—</p> <p>(a) having a whistleblowing policy in place and acting in accordance with that policy, and</p> <p>(b) establishing arrangements to enable and support people working at the service to raise such concerns.</p> <p>(3) The service provider must ensure that the arrangements required under this regulation are operated effectively.</p> <p>(4) When a concern is raised, the service provider must ensure that—</p> <p>(a) the concern is investigated,</p> <p>(b) appropriate steps are taken following an investigation, and</p> <p>(c) a record is kept relating to the matters in sub-paragraphs (a) and (b).</p> | <ul style="list-style-type: none"> • There is an accessible whistleblowing policy in place. This includes: <ul style="list-style-type: none"> ○ the procedure for raising a concern; ○ the safeguards in place for staff who raise a concern; and ○ how concerns will be investigated. • Staff are aware of, and have had training in, how to raise concerns and there are mechanisms and support available to enable them to do this. • Wherever practicable consent should be gained to the disclosure of the details of a concern, where necessary, to enable an effective investigation to take place. • Confidentiality is maintained during the investigation process unless there are professional or statutory obligations which would not make this possible, such as those in relation to safeguarding. • Individuals do not suffer victimisation or any other disadvantage as a result of making their concerns known. • All allegations and incidents of abuse are followed up promptly in line with the service provider’s safeguarding policy and |

procedures and local safeguarding arrangements.

- Systems are in place to make sure that all concerns are considered without delay in line with the service provider's safeguarding policy and procedures. This includes:
 - undertaking a review to establish the level of investigation and immediate action required, including referral to appropriate authorities for investigation. This may include seeking advice from the service regulator or local authority safeguarding staff.
 - where areas for improvement or service failures are identified, acting upon these without delay; and
 - ensuring staff and others involved in the investigation understand the processes relating to safeguarding and responding to concerns.
- Records of concerns are maintained and monitored to identify trends and areas of risk which may require pre-emptive action. Actions taken as a response to whistleblowing are subject to reporting within governance arrangements.

Chapter 2: Requirements on Responsible Individuals (Parts 11 to 15 of the Regulations)

The intent of Parts 11 to 15 of the Regulations is to ensure that a designated person at an appropriately senior level holds accountability, for both service quality and compliance. The Regulations place specific requirements upon the responsible individual (RI) and will enable the service regulator to take action not only against the service provider but also against the RI in the event that regulatory requirements are breached. The regulations in these Parts are made under section 28 of the Act.

The responsible individual is responsible for **overseeing** the management of the service and for providing assurance that the service is safe, well run and complies with the Regulations. The responsible individual is responsible for ensuring the service has a manager, sufficient resources and support. The responsible individual is not responsible for the day to day management of the service (unless they are also the manager); this rests with the manager.

2.1 Requirements on responsible individuals for ensuring effective management of the service (Part 11)

| Regulation 35 | Guidance |
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| <p>Supervision of the management of the service</p> <p>35. The responsible individual must supervise the management of the service.</p> | <ul style="list-style-type: none">• The responsible individual follows the service provider’s prescribed systems and processes to enable proper oversight of the management, quality, safety and effectiveness of the service. This includes, but is not limited to, ensuring the service:<ul style="list-style-type: none">○ focuses on individuals’ need for support;○ listens to individuals;○ responds positively to any concerns or complaints;○ does not place individuals at unnecessary risk;○ fulfils the statement of purpose;○ has sufficient numbers of staff who are trained, competent and skilled to undertake their role; and○ has sufficient resources, facilities and equipment.• The responsible individual has systems in place to review and assess the way in which the manager implements actions from the findings of internal quality assurance and external inspection reports, within required timescales. |

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| | <ul style="list-style-type: none"> • There are clear lines of accountability, delegation and responsibility set out in writing between the responsible individual and the manager (unless the manager is also the responsible individual). • Arrangements are in place for the manager to have direct access to the responsible individual in addition to the opportunity to meet formally as part of the responsible individual's quality reviews (unless the manager is also the responsible individual). • Arrangements are in place to ensure that the manager is supported by supervision and training, and has opportunities to gain skills for professional development that will support them in their role. |
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| Regulation 36 | Guidance |
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| <p>Duty to appoint a manager</p> <p>36.—(1) The responsible individual must appoint a person to manage the service. But this requirement does not apply if the conditions in paragraph (2) or (3) apply.</p> <p>(2) The conditions are—</p> <ul style="list-style-type: none"> (a) the service provider is an individual, (b) the service provider proposes to manage the service, (c) the service provider is fit to manage the service, (d) subject to paragraph (6), the service provider is registered as a manager with SCW, and (e) the service regulator agrees to the service provider managing the service. <p>(3) The conditions are—</p> <ul style="list-style-type: none"> (a) the service provider is a partnership, body corporate or | <ul style="list-style-type: none"> • The responsible individual ensures a manager who is registered with SCW (subject to regulation 36(6)), is appointed and in place to manage the delivery of the service on a day to day basis. • The responsible individual takes responsibility and accountability for the appointment of the manager regardless of whether they are directly involved in the recruitment process. • The responsible individual is assured that the person appointed as the manager for the service has the appropriate knowledge, skills and competence to manage the service safely and in accordance with the requirements of the Regulations. • The responsible individual demonstrates that the appointment of the manager has been undertaken with due diligence and in |

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| <p>unincorporated body,</p> <p>(b) the service provider proposes that the individual designated as the responsible individual for the service is to be appointed to manage the service,</p> <p>(c) that individual is fit to manage the service,</p> <p>(d) subject to paragraph (6), that individual is registered as a manager with SCW, and</p> <p>(e) the service regulator agrees to that individual managing the service.</p> <p>(4) For the purposes of paragraph (2)(c), the service provider is not fit to manage the service unless the requirements of regulation 23(2) (fitness of staff) are met in respect of the service provider.</p> <p>(5) The duty in paragraph (1) is not discharged if the person appointed to manage the service is absent for a period of more than three months.</p> <p>(6) The condition in paragraphs (2)(d) and (3)(d) only applies after 1 April 2022.</p> | <p>line with the requirements of regulation 23 (fitness of staff).</p> <ul style="list-style-type: none"> • Where a manager is absent for a period more than three months, the service provider ensures there is an appropriately qualified, experienced and competent manager, registered with SCW in place to manage the service. |
| <p>Regulation 37</p> | <p>Guidance</p> |
| <p>Fitness requirements for appointment of manager</p> <p>37.—(1) The responsible individual must not appoint a person to manage the service unless that person is fit to do so.</p> <p>(2) For the purposes of paragraph (1), a person is not fit to manage the service unless the requirements of regulation 23(2) (fitness of staff) are met in respect of that person.</p> | <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to ensure the manager is fit and is capable of running the service in line with its statement of purpose. This includes ensuring: <ul style="list-style-type: none"> ○ the manager is appropriately qualified; ○ the manager is registered with SCW (subject to regulation 36(6)); ○ the manager is experienced in managing care and support services and in the provision of the type of support being provided; and ○ the vetting of prospective managers includes the relevant checks required by regulations to assure the responsible individual that the person is fit and able to work with vulnerable individuals. |

| Regulation 38 | Guidance |
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| <p>Restrictions on appointing a manager for more than one service</p> <p>38.—(1) The responsible individual must not appoint a person to manage more than one service, unless paragraph (2) applies.</p> <p>(2) This paragraph applies if—</p> <p>(a) the service provider has applied to the service regulator for permission to appoint a manager for more than one service, and</p> <p>(b) the service regulator is satisfied that the proposed management arrangements—</p> <p>(i) will not have an adverse impact on the provision of the service, and</p> <p>(ii) will provide reliable and effective oversight of each service.</p> | <ul style="list-style-type: none"> • Where a manager is appointed to manage more than one service, this is agreed in advance with the service regulator. |

| Regulation 39 | Guidance |
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| <p>Duty to report the appointment of manager to service provider</p> <p>39. On the appointment of a manager in accordance with regulation 36(1), the responsible individual must give notice to the service provider of—</p> <p>(a) the name of the person appointed, and</p> <p>(b) the date on which the appointment is to take effect.</p> | <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to: <ul style="list-style-type: none"> ○ inform the service provider of the details of the appointment of the manager; ○ provide the information specified by the Regulations concerning the individual; and ○ notify the service regulator and SCW (subject to regulation 36(6)) when a new manager is appointed. |

Regulation 40

Duty to report appointment of manager to SCW and the service regulator

40.—(1) On the appointment of a manager in accordance with regulation 36(1), the responsible individual must give notice to SCW and the service regulator of—

- (a) the name, date of birth and SCW registration number of the person appointed, and
- (b) the date on which the appointment is to take effect.

(2) In a case where the service provider is an individual and the service regulator has agreed to the service provider managing the service, the service provider must give notice to SCW of—

- (a) the name, date of birth and SCW registration number of the service provider, and
- (b) the date from which the service provider is to manage the service.

Regulation 41

Arrangements when manager is absent

41.—(1) The responsible individual must put suitable arrangements in place to ensure that the service is managed effectively at any time when there is no manager or when the manager is not present at the service.

(2) If there is no manager or the manager is not present at the service for a period of more than 28 days, the responsible individual must—

- (a) notify the service provider and the service regulator, and
- (b) inform them of the arrangements which have been put in place for the effective management of the service.

Guidance

- The responsible individual has structures in place which ensure that where the manager is not available or is absent for any reason there is an effective and competent deputising system to provide leadership on a day-to-day basis which:
 - continues to assist individuals to meet their need for support;
 - maintains the safety, quality and effectiveness of the service;
 - ensures minimal disruption to individuals receiving the service;
 - ensures compliance with the Regulations; and
 - maintains staff professional development.
- Where the manager, registered with SCW (subject to regulation 36(6)), is unavailable or absent for any reason for more than 28 days the responsible individual will inform the service regulator in writing and without delay of the reason for the absence and the arrangements for cover.

| Regulation 42 | Guidance |
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| <p>Visits</p> <p>42.—(1) The responsible individual must—</p> <ul style="list-style-type: none"> (a) visit the premises from which the service is provided, (b) meet with members of staff who are employed to provide a service from each place in respect of which the responsible individual is designated, and (c) meet with individuals or any representatives of individuals for whom a service is being provided from each such place. <p>(2) The frequency of such visits and meetings is to be determined by the responsible individual having regard to the statement of purpose, but must be at least every 3 months.</p> | <ul style="list-style-type: none"> • The responsible individual visits the service in person to monitor the performance of the service in relation to its statement of purpose and to inform the quality of service review. The visit includes the following: <ul style="list-style-type: none"> ○ talking to, with consent and in private, a sample of individuals using the service and their representatives (if applicable) and staff; and ○ inspecting the premises of the service, a selection of records of events and any complaints records. • The responsible individual ensures systems are in place to provide evidence that visits are logged and documented. |

2.2 Requirements on responsible individuals for ensuring effective oversight of the service (Part 12)

| Regulation 43 | Guidance |
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| <p>Oversight of adequate resources</p> <p>43.—(1) The responsible individual must report to the service provider on the adequacy of the resources available to provide the service in accordance with the requirements of these Regulations.</p> <p>(2) Such reports must be made on a quarterly basis.</p> <p>(3) But this requirement does not apply where the service provider is an individual.</p> | <ul style="list-style-type: none"> • The responsible individual ensures that systems and processes are in place which enable them to collate information about the service and any areas that may need closer observation/consideration and/or improvement. This includes, but is not limited to: <ul style="list-style-type: none"> ○ staff turnover; ○ staff sickness levels; ○ complaints; ○ safeguarding issues; ○ inspection reports by the service regulator; and ○ inspection outcomes and or reports from other relevant agencies i.e. Health and Safety Executive (HSE) and fire service. • The responsible individual has suitable arrangements in place to alert the service provider immediately where the service is: <ul style="list-style-type: none"> ○ not complying with policies and procedures; ○ failing or unable to meet or address issues raised in inspection reports; and ○ being provided in a way which is contrary to the statement of purpose. |
| Regulation 44 | Guidance |
| <p>Other reports to the service provider</p> <p>44.—(1) The responsible individual must, without delay, report to the service provider—</p> | <ul style="list-style-type: none"> • The responsible individual ensures suitable arrangements are in place to report to the service provider in line with the requirements of regulations 44 and 49(4). • The responsible individual has a system in place to submit reports to the service provider that accurately reflect overall |

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| <p>(a) any concerns about the management or provision of the service;</p> <p>(b) any significant changes to the way the service is managed or provided;</p> <p>(c) any concerns that the service is not being provided in accordance with the statement of purpose for the service.</p> <p>(2) But this requirement does not apply where the service provider is an individual.</p> | <p>service quality and performance. This includes arrangements for the responsible individual to feed back and communicate any urgent matters requiring immediate action. This includes, but is not limited to:</p> <ul style="list-style-type: none"> ○ sudden or unexplained death of children using the service; ○ natural disaster; ○ financial irregularities; ○ significant concerns raised by the service regulator or area authority; and ○ any event that affects staff availability. |
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| Regulation 45 | Guidance |
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| <p>Engagement with individuals and others</p> <p>45.—(1) The responsible individual must put suitable arrangements in place for obtaining the views of—</p> <ul style="list-style-type: none"> (a) individuals, (b) any representatives of those individuals, (c) any local authority or local authority in England which has arranged for the provision of support by the service, and (d) staff employed at the service, <p>on the quality of support provided and how this can be improved.</p> <p>(2) The responsible individual must report the views obtained so that these views can be taken into account by the service provider when making any decisions on plans for improvement of the quality of support provided by the service.</p> | <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to enable feedback on all aspects of service provision and ensure that these arrangements are accessible to, and take into account the views of, all those listed under regulation 45(1). • The responsible individual ensures the methods used to engage with and gain the views of individuals using the service are appropriate to their age, level of understanding and take into account any specific condition and/or communication needs. • The responsible individual has positive relationships with, and is accessible to, people outside the service. This includes but is not limited to: <ul style="list-style-type: none"> ○ Families or nominated representatives; ○ area authority; ○ placing agency; ○ regulators; and ○ professional bodies. |

2.3 Requirements on responsible individuals for ensuring compliance of the service (Part 13)

| Regulation 46 | Guidance |
|---|--|
| <p>Duty to ensure there are systems in place to record incidents and complaints</p> <p>46. The responsible individual must ensure that there are effective systems in place to record incidents, complaints and matters on which notifications must be made in accordance with regulations 31 and 53.</p> | <ul style="list-style-type: none"> • The responsible individual ensures there are suitable arrangements in place for the recording of the matters set out in regulation 46. • The responsible individual has systems and processes in place to ensure that any records made are legible, accurate and kept securely. |
| <p>Regulation 47</p> <p>Duty to ensure there are systems in place for keeping of records</p> <p>47. The responsible individual must ensure that there are effective systems in place in relation to the keeping of records, which include systems for ensuring the accuracy and completeness of records which are required to be kept by regulation 30.</p> | <p>Guidance</p> <ul style="list-style-type: none"> • Where records are stored electronically, they are secure and staff have individual access codes which provide a clear audit trail which shows who has made any entries and amendments. |
| <p>Regulation 48</p> <p>Duty to ensure policies and procedures are up to date</p> <p>48. The responsible individual must put suitable arrangements in place to ensure that the service provider's policies and procedures are kept up to date, having regard to the statement of purpose.</p> | <p>Guidance</p> <ul style="list-style-type: none"> • The responsible individual ensures suitable arrangements are in place to review policies and procedures in line with regulation 10 and 48. • The responsible individual ensures suitable arrangements are in place to ensure staff have access to, and knowledge and understanding of, the policies and procedures which support them in their role in achieving the best possible outcomes for individuals. |

2.4 Requirements on responsible individuals for monitoring, reviewing and improving the quality of the regulated service (Part 14)

| Regulation 49 | Guidance |
|---|--|
| <p>Quality of service review</p> <p>49.—(1) The responsible individual must put suitable arrangements in place to establish and maintain a system for monitoring, reviewing and improving the quality of the service.</p> <p>(2) The system established under paragraph (1) must make provision for the quality of the service to be reviewed as often as required but at least every 6 months.</p> <p>(3) As part of any review undertaken, the responsible individual must make arrangements for—</p> <p>(a) considering the outcome of the engagement with individuals and others, as required by regulation 45 (engagement with individuals and others);</p> <p>(b) analysing the aggregate data on incidents, notifiable incidents, safeguarding matters, whistleblowing, concerns and complaints;</p> <p>(c) reviewing any action taken in relation to complaints;</p> <p>(d) considering the outcome of any audit of the accuracy and completeness of records.</p> <p>(4) On completion of a review of the quality of service in accordance with this regulation, the responsible individual must prepare a report to the service provider which must include—</p> <p>(a) an assessment of the standard of support provided, and</p> <p>(b) recommendations for the improvement of the service.</p> <p>(5) But the requirement in paragraph (4) does not apply where the service provider is an individual.</p> | <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to assess, monitor and improve the quality of the service. This includes, but is not limited to: <ul style="list-style-type: none"> ○ the collation and analysis of feedback from those listed under regulation 45(1); ○ issues and lessons learned in the analysis of complaints and safeguarding matters; ○ patterns and trends identified through the analysis of notifications, safeguarding matters, whistleblowing concerns and complaints; ○ the outcome of any inspection reports from the service regulator; ○ the outcome of visits to monitor the service by the responsible individual; and ○ audits of records. • The responsible individual ensures that the audit systems and processes for monitoring and reviewing the service give assurance that a high quality service is provided. • The responsible individual has suitable arrangements in place to ensure systems and processes are continually reviewed to enable the responsible individual to identify where the quality of services is being, or may be, compromised, and to respond appropriately without delay. • The responsible individual has suitable arrangements in place to ensure all feedback is acknowledged, recorded and |

| | |
|--|--|
| | <p>responded to as appropriate.</p> <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to ensure areas of learning from complaints, safeguarding and whistleblowing are shared with staff to improve the service and encourage safe, compassionate care practices. • The responsible individual ensures information is analysed and that recommendations are made to the service provider as to how and where the quality and safety of the service can be improved. The report, which includes the information that has informed it (relating to those areas set out above) will inform or form part of the statement of compliance to be included in the service provider's annual return. |
|--|--|

| Regulation 50 | Guidance |
|---|--|
| <p>Statement of compliance with the requirements as to standards of support</p> <p>50.—(1) The responsible individual must prepare the statement required to be included in the annual return under section 10(2)(b) of the Act, in so far as it relates to the place or places in respect of which the responsible individual has been designated.</p> <p>(2) When preparing the statement, the responsible individual must have regard to the assessment of the standard of support which is contained in a report prepared in accordance with regulation 49(4).</p> | <ul style="list-style-type: none"> • The responsible individual has prepared and is accountable for the quality and accuracy of the information provided in the statement of compliance and service provider's annual return. |

2.5 Other requirements on responsible individuals (Part 15)

| Regulation 51 | Guidance |
|--|---|
| <p>Support for staff raising concerns</p> <p>51. The responsible individual must ensure that the provider’s whistleblowing policy is being complied with and that the arrangements to enable and support people working at the service to raise such concerns are being operated effectively.</p> | <ul style="list-style-type: none"> • The responsible individual ensures suitable arrangements are in place for: <ul style="list-style-type: none"> ○ staff and individuals to be aware of and understand the whistleblowing policy; ○ staff to understand there is zero tolerance for poor care or failure to safeguard the well-being of individuals ○ ensuring staff are encouraged and supported to report issues; and ○ ensuring staff understand that concerns are welcomed and sought out, not ignored. |
| Regulation 52 | Guidance |
| <p>Duty of candour</p> <p>52. The responsible individual must act in an open and transparent way with—</p> <ul style="list-style-type: none"> (a) individuals, and (b) any representatives of those individuals. | <ul style="list-style-type: none"> • The responsible individual acts in an open and transparent way, also ensuring suitable arrangements are in place to ensure compliance with the requirements of regulation 52. |
| Regulation 53 | Guidance |
| <p>Notifications</p> <p>53.—(1) The responsible individual must notify the service regulator of the events specified in Schedule 4.</p> <p>(2) The notifications required by paragraph (1) must include details of the event.</p> <p>(3) Unless otherwise stated, notifications must be made without delay and in writing.</p> <p>(4) Notifications must be made in such manner and in such form as may be required by the service regulator.</p> | <ul style="list-style-type: none"> • The responsible individual has suitable arrangements in place to notify the service regulator of events specified in Schedule 4 of the Regulations |

Annex A: Parts of the Regulations not the subject of this Guidance

PART 1 General

Title and commencement

1.—(1) The title of these Regulations is the Regulated Adoption Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019.

(2) These Regulations come into force on 29 April 2019.

Interpretation

2.—(1) In these Regulations—

“the Act” (“*y Ddeddf*”) means the Regulation and Inspection of Social Care (Wales) Act 2016;

“the 2002 Act” (“*Deddf 2002*”) means the Adoption and Children Act 2002(6);

“adoption agency” (“*asiantaeth fabwysiadu*”) means an adoption society or a local authority adoption service;

“adoption society” (“*cymdeithas fabwysiadu*”) has the meaning given in section 2(5) of the 2002 Act, which is a voluntary organisation within the meaning of that Act;

“adoption support agency” (“*asiantaeth cymorth mabwysiadu*”) has the meaning given in section 8 of the 2002 Act;

“adoption support plan” (“*cynllun cymorth mabwysiadu*”) means the plan which sets out the adoption support services the local authority has decided to provide for the child and the adoptive family, how these will be provided and by whom (if applicable);

“adoption support services” (“*gwasanaethau cymorth mabwysiadu*”) has the meaning given in section 2(6) of the 2002 Act and regulation 3 of the Adoption Support Services (Wales) Regulations 2019(7);

“adoptive child” (“*plentyn mabwysiadol*”) has the meaning given in regulation 2 of the Adoption Support Services (Wales) Regulations 2019;

“adoptive parent” (“*rhiant mabwysiadol*”) has the meaning given in regulation 2 of the Adoption Support Services (Wales) Regulations 2019;

“approved by the service” (“*a gymeradwywyd gan y gwasanaeth*”) means approved by the service as suitable to be an adoptive parent in accordance with the Adoption Agencies (Wales) Regulations 2005(8);

“care and support plan” (“*cynllun gofal a chymorth*”) means a plan for the child made under section 54 or section 83 of the 2014 Act(9);

“child” (“*plentyn*”) means a person who is aged under 18;

“clinical commissioning group” (“*grwp comisiynu clinigol*”) means a body established under section 14D of the National Health Service Act 2006(10);

6 2002 c. 38.

7 S.I. 2019/286 (W.66).

8 S.I. 2005/1313 (W. 95).

9 “The 2014 Act” is defined in section 189 of the Act as the Social Services and Well-being (Wales) Act 2014 (dccc 4).

“DBS certificate” (“*tystysgrif GDG*”) means a certificate of a type referred to in paragraph 2 or 3 of Schedule 1;

“the Disclosure and Barring Service” (“*y Gwasanaeth Datgelu a Gwahardd*”) and “DBS” (“*GDG*”) mean the body formed by section 87(1) of the Protection of Freedoms Act 2012(**11**);

“employee” (“*cyflogai*”) has the same meaning as in section 230(1) of the Employment Rights Act 1996(**12**);

“guardian” (“*gwarcheidwad*”) has the meaning given to it in section 5 of the Children Act 1989(**13**);

“individual” (“*unigolyn*”) means, unless the context indicates otherwise—

(a) in the case of an adoption society in the course of arranging an adoption or after an adoption has been arranged—

(i) a child who may be adopted, their parent or guardian;

(ii) a person wishing to adopt a child, or

(iii) an adopted person, their parent, birth parent or former guardian, who is receiving support of the type which an adoption society is required to provide in accordance with the Adoption Agencies (Wales) Regulations 2005 or the Access to Information (Post-Commencement Adoptions) (Wales) Regulations 2005(**14**);

(b) in the case of an adoption support agency, or an adoption society in the course of providing adoption support services, any person who is receiving adoption support services;

“local authority adoption service” (“*gwasanaeth mabwysiadu awdurdod lleol*”) has the meaning given in regulation 2(1) of the Local Authority Adoption Services (Wales) Regulations 2019(**15**);

“local authority in England” (“*awdurdod lleol yn Lloegr*”) means—

(c) a county council in England,

(d) a district council for an area in England for which there is no county council,

(e) a London borough council, or

(f) the Common Council of the City of London;

“the National Health Service Commissioning Board” (“*Bwrdd Comisiynu'r Gwasanaeth Iechyd Gwladol*”) means the body established under section 1H of the National Health Service Act 2006;

“placement plan” (“*cynllun lleoliad*”) has the meaning given in regulation 36(2) of the Adoption Agencies (Wales) Regulations 2005;

“reasonable adjustments” (“*addasiadau rhesymol*”) means such reasonable adjustments as would be required under the Equality Act 2010(**16**);

“regulated adoption service” (“*gwasanaeth mabwysiadu rheoleiddiedig*”) means an adoption service which is regulated under the Act;

“related person” (“*person perthynol*”) has the meaning given in regulation 2 of the Adoption Support Services (Wales) Regulations 2019;

“representative” (“*cynrychiolydd*”) means any person having legal authority, or the consent of the individual, to act on the individual’s behalf;

10 2006 c. 41.

11 2012 c. 9.

12 1996 c. 18.

13 1989 c. 41.

14 S.I. 2005/2689 (W. 189).

15 S.I. 2019/291 (W.69).

16 2010 c. 15, section 20.

“the service” (“*y gwasanaeth*”), unless otherwise indicated, means an adoption service(**17**) which is provided in relation to a specified area;

“service provider” (“*darparwr gwasanaeth*”) means an adoption service provider who is registered under section 7 of the Act;

“the service regulator” (“*y rheoleiddiwr gwasanaethau*”) means the Welsh Ministers in the exercise of their regulatory functions(**18**);

“specified area” (“*ardal benodedig*”) means an area specified in a condition to the service provider’s registration as a place in relation to which the service is to be provided;

“staff” (“*staff*”) includes—

(g) persons employed by the service provider to work at the service as an employee or a worker, and

(h) persons engaged by the service provider under a contract for services, but does not include persons who are allowed to work as volunteers;

“the statement of purpose” (“*y datganiad o ddiben*”) means the document containing the information which must be provided in accordance with regulation 3(c) of and Schedule 2 to the Regulated Services (Registration) (Wales) Regulations 2017(**19**) for the place in relation to which the service is to be provided(**20**);

“worker” (“*gweithiwr*”) has the same meaning as in section 230(3) of the Employment Rights Act 1996.

(2) In these Regulations, where used in relation to the support provided to an “individual” as defined in this regulation, “support” includes—

(a) the support which an adoption society is required to provide to individuals in the course of arranging an adoption, or after an adoption has been arranged, in accordance with the Adoption Agencies (Wales) Regulations 2005 or the Access to Information (Post-Commencement Adoptions) (Wales) Regulations 2005, or

(b) the adoption support services which may be provided by an adoption society or adoption support agency.

PART 2 **Exceptions**

Exceptions

3.—(1) The following services are not to be treated as an adoption service, despite paragraph 4 of Schedule 1 to the Act (regulated services: definitions, adoption service)—

(a) the provision of a service in relation to adoption by a person, in the course of a legal activity (within the meaning of the Legal Services Act 2007(**21**)), who is—

(i) an authorised person for the purposes of that Act, or

(ii) a European lawyer (within the meaning of the European Communities (Services of Lawyers) Order 1978(**22**));

17 “adoption service” has the meaning given in paragraph 4 of Schedule 1 to the Act.

18 “Regulatory functions” is defined in section 3(1)(b) of the Act.

19 S.I. 2017/1098 (W. 278).

20 Regulation 3(c) of the Regulated Services (Registration) (Wales) Regulations 2017 requires a person who wants to provide an adoption service to provide a statement of purpose for each place from which the service is to be provided.

21 2007 c. 29.

22 S.I. 1978/1910.

- (b) the provision of services to enable groups of adoptive children, adoptive parents and birth parents or former guardians of an adoptive child to discuss matters relating to adoption;
 - (c) the provision of respite care to an adoptive child or an adoptive parent by a care home service or domiciliary support service in respect of which a person is registered under chapter 2 of the Act;
 - (d) the provision of respite care in relation to an adoptive child consisting of child minding or day care within the meaning in Part 2 of the Children and Families (Wales) Measure 2010⁽²³⁾ and in respect of which a person is registered for child minding or day care under that Part of that Measure;
 - (e) the provision of adoption support services by a person who provides those services—
 - (i) otherwise than in partnership with others, and
 - (ii) under a contract for services with—
 - (a) a regulated adoption service, or
 - (b) a local authority adoption service.
- (2) In paragraph (1)(e), a person does not include the plural and is not a corporate body.

PART 3

Offences

Offences – service providers

54.—(1) It is an offence for a service provider to fail to comply with a requirement of any of the provisions specified in paragraph (2)⁽²⁴⁾.

- (2) The provisions specified for the purposes of paragraph (1) are the provisions of regulations—
- (a) 5(3) (requirements in relation to statement of purpose);
 - (b) 5(5) (requirements in relation to statement of purpose);
 - (c) 9(3) (requirements in relation to financial sustainability of the service);
 - (d) 10(1) (requirements to provide the service in accordance with policies and procedures);
 - (e) 13(1) (information about the service);
 - (f) 13(2) (information about the service);
 - (g) 13(3) (information about the service);
 - (h) 14(1) (service agreement);
 - (i) 23(1) (fitness of staff);
 - (j) 26(1) (information for staff);
 - (k) 30(1) (records);
 - (l) 30(2) (records);
 - (m) 31(1) (notifications);
 - (n) 31(2) (notifications);
 - (o) 31(3) (notifications);
 - (p) 31(5) (notifications).

(3) A service provider commits an offence if the provider fails to comply with a requirement of any of the provisions specified in paragraph (4) and such failure results in—

²³ 2010 nawm 1.

²⁴ For penalties upon conviction for an offence under this regulation, see section 51(1) of the Act.

- (a) avoidable harm (whether of a physical or psychological nature) to an individual,
 - (b) an individual being exposed to a significant risk of such harm occurring, or
 - (c) in a case of theft, misuse or misappropriation of money or property, any loss by an individual of the money or property concerned.
- (4) The provisions specified for the purposes of paragraph (3) are the provisions of regulations—
- (a) 4 (requirements in relation to the provision of the service);
 - (b) 5(1) (requirements in relation to the statement of purpose);
 - (c) 10(4) (requirements to provide the service in accordance with policies and procedures);
 - (d) 12(1) (requirement to ensure suitability of the service);
 - (e) 12(3) (requirement to ensure suitability of the service);
 - (f) 15(1) (standards of support – overarching requirements);
 - (g) 19 (safeguarding – overarching requirement);
 - (h) 22 (staffing – overarching requirements).

Offences – responsible individuals

55.—(1) It is an offence for the responsible individual to fail to comply with a requirement of any of the provisions specified in paragraph (2)(**25**).

- (2) The provisions specified for the purposes of paragraph (1) are the provisions of regulations—
- (a) 36(1) (duty to appoint a manager);
 - (b) 37(1) (fitness requirements for appointment of manager);
 - (c) 40(1) (duty to report the appointment of manager to SCW and the service regulator);
 - (d) 40(2) (duty to report the appointment of manager to SCW and the service regulator);
 - (e) 42(1) (visits);
 - (f) 42(2) (visits);
 - (g) 43(1) (oversight of adequacy of resources);
 - (h) 43(2) (oversight of adequacy of resources, frequency of reports);
 - (i) 44(1) (other reports to the service provider);
 - (j) 49(4) (quality of service review);
 - (k) 50(1) (statement of compliance with the requirements as to standards of support);
 - (l) 53(1) (notifications);
 - (m) 53(3) (notifications).

PART 4

Service providers who are liquidated etc. or who have died

Appointment of liquidators etc.

56. An appointed person(**26**) must—

- (a) without delay, give written notification to the service regulator of their appointment and the reasons for their appointment;

25 For penalties upon conviction for an offence under this regulation, see section 51(1) of the Act.

26 See section 30 of the Act for the definition of “appointed person”.

- (b) within 28 days of their appointment, notify the service regulator of their intentions regarding the future operation of the service.

Death of service provider

57.—(1) Where a service provider who is an individual has died, the personal representatives of the individual must—

- (a) without delay, give written notification of the death to the service regulator;
- (b) within 28 days of the death, notify the service regulator of their intentions regarding the future operation of the service.

(2) The personal representatives of the individual may act in the capacity of the service provider for a period not exceeding 28 days or for such longer period (not exceeding one year) as the service regulator may agree.

(3) Where the personal representatives are acting in the capacity of the service provider in accordance with paragraph (2), Part 1 of the Act applies with the following modifications—

- (a) section 5 (requirement to register) does not apply;
- (b) section 21(2) (responsible individuals) is to be read as if after paragraph (a), there is inserted—
 - “(aa) where the personal representatives of a service provider who has died are acting in the capacity of the service provider, be one of the personal representatives;”.

(4) In this regulation, “the service” means the service or services which the service provider who has died was registered to provide at the time of their death.

PART 5

Regulations under section 21(5) of the Act

Designation of responsible individual by Welsh Ministers

58. The Welsh Ministers (instead of a service provider) may designate an individual to be a responsible individual, despite the requirements of section 21(2) of the Act not being met in respect of the individual, in the following circumstances—

- (a) the service provider is an individual who has died and the personal representatives of the service provider have notified the service regulator that they do not intend to make an application under section 11(1)(c) of the Act;
- (b) the service provider is an individual and they have notified the service regulator—
 - (i) that they are no longer able to comply with their duties as a responsible individual, and
 - (ii) the reasons for this being the case;
- (c) the service provider is a corporate body or partnership and they have notified the service regulator—
 - (i) that the individual designated by the service provider as the responsible individual is no longer able to comply with their duties as a responsible individual,
 - (ii) the reasons for this being the case, and
 - (iii) that there is no other individual who is eligible to be a responsible individual and who is able to comply with the duties of a responsible individual.

SCHEDULE 1
Regulations 2(1) and 23

PART 1

Information and documentation to be available in respect of persons working in regulated services

1. Proof of identity including a recent photograph.
2. Where required for the purposes of an exempted question in accordance with section 113A(2)(b) of the Police Act 1997(**27**), a copy of a valid criminal record certificate issued under section 113A of that Act together with, after the appointed day and where applicable, the information mentioned in section 30A(3) of the Safeguarding Vulnerable Groups Act 2006(**28**) (provision of barring information on request).
3. Where required for the purposes of an exempted question asked for a prescribed purpose under section 113B(2)(b) of the Police Act 1997, a copy of a valid enhanced criminal record certificate issued under section 113B of that Act together with, where applicable, suitability information relating to children (within the meaning of section 113BA(2) of that Act) or suitability information relating to vulnerable adults (within the meaning of section 113BB(2) of that Act).
4. Two written references, including a reference from the last employer, if any.
5. Where a person has previously worked in a position whose duties involved work with children or vulnerable adults, so far as reasonably practicable verification of the reason why the employment or position ended.
6. Documentary evidence of any relevant qualification.
7. Where relevant, documentary evidence of registration with SCW.
8. A full employment history, together with a satisfactory written explanation of any gaps in employment.
9. Evidence of satisfactory linguistic ability for the purposes of providing support to those individuals for whom the worker is to provide support.
10. Details of registration with or membership of any professional body.

PART 2

Interpretation of Part 1

11. For the purposes of paragraphs 2 and 3 of Part 1 of this Schedule—
 - (a) if the person to whom the certificate relates is not registered with the DBS update service, a certificate is only valid if—
 - (i) it has been issued in response to an application by the service provider in accordance with regulation 23(3) or (6) (fitness of staff), and
 - (ii) no more than three years have elapsed since the certificate was issued;
 - (b) if the person to whom the certificate relates is registered with the DBS update service, the certificate is valid regardless of when it was issued.

27 1997 c. 50.

28 2006 c. 47. Sections 30 to 32 of the Safeguarding Vulnerable Groups Act 2006 as originally enacted are to be replaced by new sections 30A and 30B as a result of substitutions made by section 72(1) of the Protection of Freedoms Act 2012. Section 72(1) is to be commenced on a day to be appointed.

SCHEDULE 2
Regulations 2(1) and 30

Records to be kept

1. In respect of each individual—

- (a) full name;
- (b) date of birth;
- (c) whether the person is—
 - (i) a child who may be adopted, their parent or guardian;
 - (ii) a person wishing to adopt a child;
 - (iii) an adopted person, their parent, birth parent, former guardian or related person;
- (d) description of support requested;
- (e) description of need for support along with any assessment of that need;
- (f) description of support provided;
- (g) whether the support is provided on behalf of a local authority under regulations made under section 3(4)(b) of the 2002 Act;
- (h) plans including—
 - (i) adoption support plans;
 - (ii) care and support plans;
 - (iii) placement plans;
- (i) reviews of plans referred to in sub-paragraph (h).

2. A record of any charges by the service provider to individuals for the provision of support and any additional services.

3. A record of all complaints made by individuals or their representatives or by persons working at the service about the operation of the service, and the action taken by the service provider in respect of any such complaint.

4. A record of all persons working at the service, which must include the following matters—

- (a) full name and home address;
- (b) date of birth;
- (c) qualifications relevant to, and experience of, working with individuals;
- (d) the dates on which the person commences and ceases to be so employed;
- (e) whether the person is employed by the service provider under a contract of service, a contract for services, or otherwise than under contract, or is employed by someone other than the service provider;
- (f) the position the person holds at the service, the work the person performs and the number of hours for which the person is employed each week;
- (g) a copy of the person's birth certificate and passport (if any);
- (h) a copy of each reference obtained in respect of the person;
- (i) training undertaken by the person, their supervision and appraisal;
- (j) records of disciplinary action and any other records in relation to the person's employment;
- (k) a record of the date of the person's latest DBS certificate and whether there was any action taken as a result of the content of the certificate.

SCHEDULE 3 Regulation 31
Notifications by the service provider

PART 1
Notifications to the service regulator

1. Any revision to the statement of purpose, 28 days prior to the revised statement of purpose coming into effect.
2. Where the service provider (individual or organisation) changes their name.
3. Where the service provider is a company, any change in the directors of the company.
4. Where the service provider is an individual, the appointment of a trustee in bankruptcy in relation to that individual.
5. Where the service provider is a body corporate or partnership, the appointment of a receiver, manager, liquidator or provisional liquidator in relation to that company or partnership.
6. Where the service provider is a partnership, death of one of the partners.
7. Where the service provider is a partnership, any change in the partners.
8. Expected absence of the responsible individual for 28 days or more, 7 days prior to commencement of the absence.
9. The unexpected absence of the responsible individual, no later than 7 days after the commencement of the absence.
10. Unexpected absence of the responsible individual for 28 days or more, where no prior notification has been given, immediately on the expiry of 28 days following the commencement of the absence.
11. Return from absence of the responsible individual.
12. The responsible individual ceases, or proposes to cease, being the responsible individual for the service.
13. Any abuse or allegation of abuse in relation to an individual that involves the service provider and/or a member of staff or volunteer.
14. Service provider, responsible individual or appointed manager convicted of criminal offence.
15. Any allegation of misconduct by a member of staff.
16. Any incident reported to the police.
17. Any events which prevent, or could prevent, the provider from continuing to provide the service safely.
18. Any proposal to change the address of the principal office, 28 days prior to the change taking place.
19. Any referral to the DBS pursuant to the Safeguarding Vulnerable Groups Act 2006.
20. Where the service provider, responsible individual or appointed manager is charged with any offence specified in the Schedule to the Safeguarding Vulnerable Groups Act 2006 (Prescribed Criteria and Miscellaneous Provisions) Regulations 2009(29), notice of the offence charged and the place of charge.
21. Any incident of child sexual or criminal exploitation or suspected child sexual or criminal exploitation.
22. The death of a child placed for adoption by the service.

23. The instigation and outcome of any child protection enquiry involving a child placed for adoption by the service.

PART 2

Notification to the Local Health Board/clinical commissioning group and National Health Service Commissioning Board by the provider of an adoption society

24. Death of a child placed for adoption by the service.

25. Any serious accident or injury sustained by a child placed for adoption by the service.

PART 3

Notification to the Local Health Board/clinical commissioning group and National Health Service Commissioning Board by the provider of an adoption support agency or of an adoption society which provides adoption support services

26. The death, serious accident or injury of a child in the course of receiving adoption support services from the service.

PART 4

Notification to the placing agency

27. Any serious complaint about a prospective adopter approved by the agency where a child is placed for adoption with that prospective adopter by another adoption agency.

PART 5

Notifications to the area authority

28. The death of a child placed for adoption by the service.

29. Any serious accident or injury sustained by a child placed for adoption by the service.

30. Any serious complaint about a prospective adopter approved by the service where a child is placed for adoption with that prospective adopter by the service.

31. Any serious complaint about a prospective adopter approved by the service where a child is placed for adoption with that prospective adopter by another adoption agency (if not notified as the placing agency).

32. The instigation and outcome of any child protection enquiry involving a child placed for adoption by the service.

PART 6

Notifications to the placing authority by the provider of an adoption society

33. The death of a child placed for adoption by the service.

34. Any serious accident or injury sustained by a child placed for adoption by the service.

35. Any serious complaint about a prospective adopter approved by the service where a child is placed for adoption with that prospective adopter by another adoption agency.

36. The instigation and outcome of any child protection enquiry involving a child placed for adoption by the service.

PART 7

Notifications to the placing authority by the provider of an adoption support agency or adoption society which provides adoption support services

37. The death of a child in the course of receiving adoption support services from the service.

38. Any serious accident or injury sustained by a child in the course of receiving adoption support services from the service.

39. The instigation and outcome of any child protection enquiry involving a child receiving adoption support services from the service.

PART 8

Notification to the relevant authority

40. Death or any serious accident or injury sustained by a child in the course of receiving adoption support services.

PART 9

Notification to the police

41. Any incident of child sexual or criminal exploitation or suspected child sexual or criminal exploitation.

SCHEDULE 4 Regulation 53
Notifications by the responsible individual

- 42. The appointment of a manager (see regulation 37(1)).
- 43. The expected absence of the appointed manager for 28 days or more, 7 days prior to the commencement of the absence.
- 44. The unexpected absence of the appointed manager, no later than 7 days after the commencement of the absence.
- 45. The unexpected absence of appointed manager for 28 days or more where no prior notification has been given, immediately on the expiry of 28 days following the commencement of the absence.
- 46. Return from absence of appointed manager.
- 47. Interim arrangements where the manager is absent for longer than 28 days.
- 48. Someone other than the appointed manager is proposing to manage or is managing the service.
- 49. The appointed manager ceases, or proposes to cease, managing the service.