

# Emergency accommodation homeless services

*Quality framework for minimum,  
good and best practice standards*

## **Part One – Service Quality Standards**

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### **1 REFERRALS**

#### **LEVEL 1: MINIMUM STANDARDS**

- 1.1 Who can refer someone to the emergency accommodation is clearly identified
- 1.2 Referral agencies are aware of the service provided by the project and how to refer clients
- 1.3 Accurate and clear written information on the purpose, aims and ethos of the accommodation and the referral/acceptance policy and procedure are made available to other agencies and people who are homeless
- 1.4 It is clear who the project will not accept
- 1.5 Immediate information on the referral policy and procedure and the availability of beds is provided in response to telephone enquiries from referral agencies and people who are homeless
- 1.6 There is a written equal opportunities policy which is available to potential residents which highlights the organisation's commitment to ensuring that potential residents will not be unfairly discriminated against
- 1.7 Reasons for not accepting a referral are clearly given
- 1.8 Staff are given appropriate training in carrying out the referral policy and procedure in a way that fulfils the aims and values of the agency
- 1.9 Appropriate records are kept and signed off, of all referrals; the nature and outcome of the referral and the reasons for the decision
- 1.10 There is an analysis of referral trends, at least annually
- 1.11 Where a referral is refused the process for appeal is clearly stated
- 1.12 There is a clear procedure for individuals or agencies to make a formal complain about a referral decision or process

- 1.13 There is a written policy which clarifies the policy in relation to the acceptance of sex offenders, and ensures there are Garda checks on potential staff and volunteers who will be in contact with children

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 1.14 Any specific cultural or religious requirements of new residents are assessed and discussed
- 1.15 The outcome of an appeal is communicated verbally and in writing
- 1.16 The referral policy and procedures (inc who is included and excluded) are reviewed, at least every year, in light of changing needs (e.g. those with challenging needs)
- 1.17 Complaints over a period of time are reviewed to assess any learning

**LEVEL 3: BEST PRACTICE STANDARDS**

- 1.18 Objective audits of compliance with the referral policy and procedures are carried out, at least every year
- 1.19 Ways of responding to the needs of the most challenging potential residents is considered at least every year
- 1.20 There are meetings held with referral agencies, at least every year, to discuss the referral criteria and process, the appropriateness of referrals, and the needs and expectations of the referral agency and emergency accommodation provider
- 1.21 The project is particularly welcoming to potential referrals from all ethnic and cultural groups

**2 INDUCTION OF NEW RESIDENTS**

**LEVEL 1: MINIMUM STANDARDS**

- 2.1 On acceptance, residents are provided, verbally and in user-friendly written form, with a Service Users Charter, which provides clear information on the aims and ethos of the accommodation; the length of stay; resident's rights; the policy and procedure on medication; residents responsibilities with regards to health, safety and fire procedures
- 2.2 On acceptance residents are provided verbally and in user-friendly written form with information as to the circumstances in which they may be excluded/banned from the service and that this should be specific in relation to the behaviours, possible length of exclusion and any appeals process in place
- 2.3 New residents are introduced by name to residents and staff they meet when showing the resident the layout of the accommodation;
- 2.4 New residents are informed about the availability of facilities and support services in the accommodation and what to do if they have a problem
- 2.5 Residents are informed of how to make a complaint and complaints are effectively dealt with
- 2.6 Residents are informed of their rights to access their files

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 2.7 New residents are informed about the availability of facilities and services, both in the accommodation and nearby; and what to do if they have a problem
- 2.8 There is a clear policy and checklist for staff on the procedure in inducting a new resident
- 2.9 New staff receive specific training in the induction of new residents
- 2.10 The satisfaction level of residents with the induction they received is assessed, at least every two years
- 2.11 Residents are provided with information on services available in the local community
- 2.12 Facilities are available to help residents with special communication problems because of language, literacy or sensory disability
- 2.13 Responsibility for keeping the information on internal and external services up-to-date is clearly allocated

**LEVEL 3: BEST PRACTICE STANDARDS**

- 2.14 There is a process for auditing that the induction process has been carried out in compliance with the agreed procedure
- 2.15 The induction process is reviewed at least every two years, including the views of staff
- 2.16 There is an effective information management system which ensures that information is reviewed and updated, at least annually
- 2.17 There is a clear and swift process for dealing with requests for access to personal information

**3 ACCOMMODATION****LEVEL 1: MINIMUM STANDARDS**

- 3.1 The majority of bedrooms are for one person/household and no more than two residents share a bedroom (except mother and young children)
- 3.2 No more than five residents, or one family share a toilet
- 3.3 No more than five residents or one family share a shower/bathroom
- 3.4 Residents have somewhere to keep their belongings private and safe
- 3.5 Accommodation complies with minimum space requirements
- 3.6 Accommodation is in reasonably good condition, with regard to furniture, fittings, décor, etc
- 3.7 Accommodation communal areas are kept clean and hygienic and inspected every day
- 3.8 There are adequate laundry facilities for residents to keep their clothing clean and presentable
- 3.9 Residents can stay in the accommodation during the day
- 3.10 There is a private interview room

- 3.11 The accommodation is physically accessible, regardless of physical disability
- 3.12 Bed linen is changed once a week or more often as necessary (if it is the responsibility of the project. If it is the responsibility of the resident, there are facilities to enable them to do this)

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 3.13 The accommodation is within walking distance of all the main services, shops, etc
- 3.14 Accommodation is in a very good and attractive condition and is as non-institutional as possible: decoration, furniture, fixtures and fittings should reflect this.
- 3.15 Responsibility and procedures for ensuring the accommodation is well-maintained are clearly allocated
- 3.16 Individual bedrooms are available for each person/family
- 3.17 Bedrooms are lockable
- 3.18 The staff have easy access to rooms in an emergency
- 3.19 There is adequate communal space
- 3.20 No more than two person/households share a bathroom or toilet
- 3.21 There is a room available for health surgeries, counsellor, or training
- 3.22 Residents are involved in assessing the physical accommodation and designing changes

**LEVEL 3: BEST PRACTICE STANDARDS**

- 3.23 Each household has a shower/bathroom/toilet en suite
- 3.24 The accommodation is physically accessible, regardless of sensory disability
- 3.25 The accommodation is not close to other special needs accommodation, unless there is a positive value in being located close to the other services

**4 FOOD\***

**LEVEL 1: MINIMUM STANDARDS**

- 4.1 Environmental health have approved the food hygiene facilities and arrangements in the accommodation and an inspected has taken place or been requested within the last 12 months
- 4.2 Food hygiene requirements re. food purchase, preparation, handling, storage, etc are met in full
- 4.3 Staff preparing and serving meals receive training in food hygiene and practice good personal hygiene
- 4.4 There are internal food hygiene audits which are appropriately documented, at least every six months
- 4.5 The food is served with courtesy

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 4.6 There is at least one hot meal option provided each day
- 4.7 Residents' views on all aspects of the provision of meals are sought at least every six months
- 4.8 At each meal there is a choice between different options

- 4.9 The food provided is nutritious, well-presented and takes account of the dietary, cultural and taste requirements of residents
- 4.10 There are facilities for residents to make their own meals and training/coaching to develop their cooking skills

**LEVEL 3: BEST PRACTICE STANDARDS**

- 4.11 The nutritional intake of each resident is continuously assessed

**5 HEALTH & SAFETY\*****LEVEL 1: MINIMUM STANDARDS**

- 5.1 There is a clearly designated person (with the appropriate authority) responsible for the health and safety aspects of the accommodation
- 5.2 There is a written health and safety policy which is made available to staff, volunteers and residents
- 5.3 There are clear procedures for carrying out risk assessments and health and safety checks which are properly documented
- 5.4 Effective preventive action is taken when the personal safety of residents or staff is at risk
- 5.5 All hazards reported are documented and brought to the attention of the health and safety officer and appropriate action taken
- 5.6 All staff receive training in health, safety and fire procedures
- 5.7 Fire precautions have been approved by The Fire Authority
- 5.8 Fire equipment has been inspected in the last year
- 5.9 Everyone is made aware of procedures for evacuation in the case of fire and these are visible in each bedroom
- 5.10 There is an accurate record of who is in the premises at all times
- 5.11 There are at least two fire drills per year
- 5.12 Responsibility for ensuring cleanliness is clearly allocated
- 5.13 The management of the accommodation ensures that an appropriate standard of cleanliness is maintained
- 5.14 There are clear and effective processes for protecting residents from abuse
- 5.15 There are clear and effective procedures for investigating and dealing with allegations of abuse
- 5.16 Staff have received training in manual handling
- 5.17 There is always a trained first-aider on the premises
- 5.18 All staff job descriptions include health & safety responsibilities
- 5.19 There is a clear policy and procedure on barring/evicting residents

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 5.20 There is an action plan to manage health and safety risks
- 5.21 Staff and residents are consulted on health and safety hazards and how health and safety may be improved at least annually.

- 5.22 There are adequate facilities and materials available for residents to clean their own rooms and carry out any chores required
- 5.23 There are at least four fire drills per year
- 5.24 There is an appeal process for residents who have been barred/evicted

**LEVEL 3: BEST PRACTICE STANDARDS**

- 5.25 Residents views on the arrangements to ensure health, safety and cleanliness are sought, at least annually
- 5.26 Staff, volunteers and residents are involved in assessing risks
- 5.27 Staff, volunteers and residents are consulted in drawing up and implementing an action plan to manage risks

**6 ASSESSMENT**

**LEVEL 1: MINIMUM STANDARD**

- 6.1 There is a basic process in place to assess residents' immediate needs and to determine if a more in-depth assessment is necessary
- 6.2 If a more in-depth assessment is required, the assessment process includes the person's:
  - housing and homelessness history, needs and preferences employment, education and training history and aspirations
  - physical and mental health history, current treatment and needs
  - social and family history and support
  - income and any debt or money management issues
  - legal and addiction history and current issues
- 6.3 There is an assessment of any risks that the person may endanger themselves, other clients or staff
- 6.4 The assessment of needs is effectively documented and complies with data protection requirements
- 6.5 The permission of residents is sought in writing prior to talking to other external agencies about them
- 6.6 There is a clear confidentiality policy which is communicated to residents, and implemented consistently
- 6.7 Residents are made aware of information held about them and their right to access it
- 6.8 Clients sign off the assessment that is carried out

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 6.9 Assessment takes place in a comfortable, private space
- 6.10 Adequate time is given to assessment, which may be over a number of meetings
- 6.11 Assessment is unintrusive, sensitive, flexible and continuous
- 6.12 Workers demonstrate active listening by asking open questions, listening, summarising, checking out, not interrupting

- 6.13 The person's interests, skills and hobbies are assessed
- 6.14 Where appropriate to the person, other organisations are contacted to contribute to the assessment
- 6.15 Social Services are contacted in relation to young people under 18 who are at risk
- 6.16 All appropriate workers receive adequate training in assessment before carrying out assessments and receive refresher training, at least every two years
- 6.17 Workers have access to regular support and guidance from an experienced staff member at least bi-monthly.

**LEVEL 3: BEST PRACTICE STANDARDS**

- 6.18 Assessment is carried out by a multi-agency process
- 6.19 The process for challenging an assessment is made clear to clients verbally and in writing
- 6.20 There is a clear suicide risk assessment process which, is put in place if the initial risk assessment suggests it is appropriate, and is effectively documented

**7 LIFESKILLS\*****LEVEL 1: MINIMUM STANDARD**

- 7.1 As part of the overall assessment, the independent living skills, needs, interests and preferences of each resident are assessed, together with the resident as part of the needs assessment
- 7.2 If required, residents are offered help, or advice, on where to get help in addressing life skills

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 7.3 When appropriate, a range of training/coaching options are made available internally or externally to residents
- 7.4 Staff and volunteers receive training in assessing lifeskills
- 7.5 When appropriate, residents are provided with information on appropriate employment, education and training opportunities
- 7.6 Residents are supported in creative activities and where possible provided with a creative outlet
- 7.7 The views of residents are sought, at least every two years, on the help provided in relation to independent living skills and how it could be improved

**LEVEL 3: BEST PRACTICE STANDARDS**

- 7.8 There are partnerships with a range of other agencies which can provide help in relation to employment, training, education and creative and recreational activities
- 7.9 Residents are actively involved in designing and evaluating appropriate programmes
- 7.10 The short and long-term outcomes of providing support in independent living skills is assessed, at least every two years

## **8 SUPPORT AND ADVICE**

### **LEVEL 1: MINIMUM STANDARD**

- 8.1 Each resident is allocated a named key worker
- 8.2 Key issues relevant to the support and advice needs of residents is accurately and factually recorded
- 8.3 Each resident has an individual support plan which is developed and reviewed, at least every month, with the resident and signed off by the resident and key worker
- 8.4 There are, at least bi-monthly meetings of the worker team in which the support and advice needs of residents are discussed
- 8.5 There is a clear procedure for the handover between shifts which highlights particular resident support needs and ensures consistency of support and advice provided
- 8.6 Responsibility for providing support and advice to residents is clearly allocated and communicated to staff and residents
- 8.7 Staff receive support and supervision from an appropriately experienced and skilled person, including discussion of the support and advice provided to residents, at least bi-monthly
- 8.8 Staff providing support and advice to residents have the appropriate skills and experience
- 8.9 The support and advice provided by staff is effectively documented and reviewed by a more senior person at least every six months
- 8.10 A choice of appropriate clean and non-stigmatising clothing is available to residents who need them
- 8.11 There is a written code of practice which indicates what is appropriate and inappropriate behaviour for workers

### **LEVEL 2: GOOD PRACTICE STANDARD**

- 8.12 There is a written policy and procedures in place to ensure that staff and volunteers who are recruited have the appropriate skills and aptitudes (this is also covered in Staff recruitment and the Management and development of volunteers)
- 8.13 Staff are provided with appropriate initial and ongoing training in the provision of support and advice to clients
- 8.14 There is a written confidentiality policy which is consistently applied and clear circumstances and procedures when confidentiality may be transgressed
- 8.15 New residents are informed of the support and advice that is available and any constraints on this service (e.g. re. specialist help)
- 8.16 The views of residents on the support and advice provided are sought individually and collectively at least annually.

### **LEVEL 3: BEST PRACTICE STANDARDS**

- 8.17 There are objective audits of the support and advice provided to residents at least annually

- 8.18 The policy and procedures on the provision of support and advice to clients are reviewed, at least every two years

## **9 SPECIALIST HELP\***

### **LEVEL 1: MINIMUM STANDARDS**

- 9.1 Accommodation providers enable residents to access a range of specialist services not available within the accommodation. This should include counselling, addiction, mental health, medical, dental, optical, and legal services

### **LEVEL 2: GOOD PRACTICE STANDARDS**

- 9.2 A directory of appropriate specialist services is available to workers and residents
- 9.3 Workers receive induction and ongoing training in identifying the specialist help required and how to access the appropriate services
- 9.4 As part of their induction, residents are informed that workers will help access specialist help if required
- 9.5 Clear and concise written information is easily accessible to residents on a range of specialist services
- 9.6 Workers actively network with agencies providing specialist services in order to improve the information about and access to these services

### **LEVEL 3: BEST PRACTICE STANDARDS**

- 9.7 Feedback from residents on the specialist services they use is sought and used to improve the information provided to other residents
- 9.8 Feedback is sought from specialist service providers on the appropriateness of the referrals received
- 9.9 There are multi-agency arrangements in place to evaluate specialist help provided
- 9.10 The provision of, and need for, specialist support within or outside the project are assessed at least every two years

## **10 SETTLEMENT**

### **LEVEL 1: MINIMUM STANDARD**

- 10.1 Responsibility for providing pro-active settlement and follow-up support is clearly allocated, whether it is provided by the temporary accommodation provider or another organisation
- 10.2 Residents are supported in identifying their housing needs and aspirations
- 10.3 Residents are provided with support to access appropriate housing
- 10.4 Where the needs assessment indicates that residents are in need of continuing support, appropriate long-term supported or semi-supported housing options

are assessed/identified, and, where relevant and available, residents are assisted to apply for this housing.

- 10.5 Where the needs assessment indicates that residents are in need of community settlement, residents should be assisted to apply for this.
- 10.6 Residents are provided with information on housing availability
- 10.7 Residents are provided with practical assistance in moving into their new home
- 10.8 Arrangements are in place to ensure that settled residents are provided with appropriate follow-up support
- 10.9 Where settlement services are provided by another agency there are effective arrangements and liaison in place
- 10.10 Clients settled are made aware of the complaints procedure

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 10.11 The training needs of residents in independent living skills are assessed, as a part of the needs assessment
- 10.12 Where appropriate, residents assistance is available in enabling residents to access training/coaching in independent living skills
- 10.13 Residents are provided with accurate, user-friendly, verbal and written information on what the resettlement service provides
- 10.14 Residents are provided with accurate advice and information on the availability of grants, benefits, etc
- 10.15 Residents are provided with appropriate support to obtain the furniture and equipment they require for their new home
- 10.16 Arrangements are in place to provide residents being settled with help in linking into local organisations and support
- 10.17 There is a code of practice on home visiting

**LEVEL 3: BEST PRACTICE STANDARDS**

- 10.18 There is a clear procedure for ending the follow-up support provided to a client settled, if provided by the organisation providing the emergency accommodation
- 10.19 The satisfaction of clients with the settlement support provided is sought, if provided by the organisation providing the emergency accommodation
- 10.20 Arrangements are in place for a longitudinal evaluation of outcomes for clients settled in long-term accommodation/housing

## **Part Two – Organisational Quality Standards**

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### **11 PLANNING**

**LEVEL 1: MINIMUM STANDARDS**

- 11.1 There is a process for reviewing the work at least each year and making recommendations for improvements

- 11.2 There is a written development or action plan
- 11.3 Targets are set for key performance indicators
- 11.4 The organisation has identified key output and outcome measures
- 11.5 Clients and staff are consulted at each stage of the planning and monitoring processes
- 11.6 Key referral agencies, funders and other stakeholders are consulted as part of the strategic planning process

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 11.7 There are current strategic (3-5 year) and annual operational plans that provide clear direction for the work of the organisation and each service and were developed in accordance with the organisations planning procedures
- 11.8 There is a written policy that sets out the organisation's planning and monitoring procedures
- 11.9 Responsibility for co-ordinating the planning and monitoring of activities is clearly allocated
- 11.10 Plans consider the human, physical and financial resource requirements of the plans and how the resources will be obtained

**LEVEL 3: BEST PRACTICE STANDARDS**

- 11.11 The performance of the organisation against the relevant performance indicators are monitored at least annually and the findings disseminated to stakeholders
- 11.12 Plans include clear specific objectives which are allocated to particular individuals
- 11.13 A report on progress against the plans and objectives is produced at least every six months and disseminated to all stakeholders
- 11.14 Staff appraisals, at least annually, include monitoring against agreed objectives and future planning/objective-setting

**12 EVALUATION****LEVEL 1: MINIMUM STANDARDS**

- 12.1 There is an agreed process for self-evaluation at least every three years
- 12.2 Systems are in place to gather ongoing monitoring information from clients
- 12.3 There is an audit of the satisfaction levels of staff and volunteers at least annually, in relation to the relevant quality areas

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 12.4 Staff are involved in review and evaluation activities not less than two full days a year
- 12.5 The outcome of evaluations is fed back to service users, staff and other stakeholders
- 12.6 Evaluation reports are discussed by staff and managers and action plans drawn up and implemented to improve the service

- 12.7 Monitoring mechanisms are in place to review progress in implementing the recommendations of the evaluation(s)
- 12.8 There is an external evaluation of the emergency accommodation project commissioned by the organisation or an external funder, at least every five years
- 12.9 There is an agreed process for involving volunteers in review and evaluation activities
- 12.10 Responsibility for evaluation is clearly allocated

**LEVEL 3: BEST PRACTICE STANDARDS**

- 12.11 There is a systematic programme of objective evaluation of the effectiveness and efficiency of the organisation's services
- 12.12 Those with responsibility for evaluation, internally and externally have a detailed and agreed brief to work to
- 12.13 Appropriate staff receive training in evaluation skills

**13 RESEARCH & CONTRIBUTING TO PUBLIC POLICY**

**LEVEL 1: MINIMUM STANDARDS**

- 13.1 The numbers and nature of those who use the service are continuously monitored to identify trends in the user population and may require further research or investigation
- 13.2 The project contributes to research initiated by the Homeless Agency when requested
- 13.3 Make quarterly capacity and activity report returns to the Homeless Agency

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 13.4 Research is used to inform the future planning of services
- 13.5 An information bank of research materials is available and updated at least every six months
- 13.6 Service users are asked about the issues that are most important to them and external barriers to achieving their goals, at least every month
- 13.7 Changes and potential changes in public policy are monitored
- 13.8 Relevant consultative exercises are responded to
- 13.9 The organisation pro-actively gathers the views and experiences of workers
- 13.10 The organisation carries out, commissions or accesses an analysis of the needs of those who are eligible, or need, to use the service, at least every three years
- 13.11 The outcome of research is fed back to those who participated in the research
- 13.12 Research respects the rights of individuals to privacy and confidentiality

**LEVEL 3: BEST PRACTICE STANDARDS**

- 13.13 Effective links have been developed with educational institutions and other agencies involved in research
- 13.14 The research is supervised or reviewed by a qualified experienced researcher
- 13.15 Staff, volunteers and/or service users involved in carrying out the research receive appropriate information and training

- 13.16 There are processes in place to follow up the outcome of research carried out
- 13.17 The organisation develops a policy and strategy in relation to policy issues relevant to service users
- 13.18 The organisation conducts and/or contributes to research on issues of public policy
- 13.19 The organisation pro-actively meets with key decision-makers to discuss relevant public policy issues
- 13.20 The organisation pro-actively contributes to public policy debates by contributing to the media, newspapers, journals, etc
- 13.21 The organisation works together with other organisations and fora to promote relevant public policy issues
- 13.22 Relevant staff receive appropriate information and training in public policy issues and how to influence them

## **14 STAFF RECRUITMENT**

### **LEVEL 1: MINIMUM STANDARDS**

- 14.1 There are written policy and procedures on recruitment and selection that comply with legal requirements and best practice and are effectively implemented
- 14.2 All posts have a clear job description and person specification, relevant to the purpose of the project and the needs of residents
- 14.3 Responsibility for recruitment and selection is clearly allocated
- 14.4 The organisation's recruitment and equal opportunity policies promote good equal opportunity practice in relation to recruitment and selection and ensure that no-one is discriminated against in any of the grounds set out in the Equal Status Acts 2000 and 2004
- 14.5 Selection interviews, tests and activities are designed to assess candidates equitably against the agreed person specification
- 14.6 At interview, all candidates are asked the same core questions
- 14.7 How interviews, tests and other selection activities will be scored, weighted, and compared is agreed prior to the interviews taking place
- 14.8 All applicants are informed in writing of the outcome of the recruitment process
- 14.9 Confidential references are taken up for all short-listed candidates

### **LEVEL 2: GOOD PRACTICE STANDARDS**

- 14.10 There is a clear description of the organisation, the particular service, the role and responsibilities of the post and the experience, skills, and qualifications which are essential and desirable, and the selection timetable are sent to potential candidates on request
- 14.11 All vacant posts are advertised widely to ensure as wide a pool of appropriate candidates as possible and promote equal opportunities
- 14.12 All aspects of the recruitment and selection procedure are systematically documented

- 14.13 All those involved in recruitment and selection receive in-depth training in best practice in recruitment and selection
- 14.14 Recruitment and selection is based on an agreed competency framework

## **15 STAFF TRAINING**

### **LEVEL 1: MINIMUM STANDARDS**

- 15.1 There is a clear written staff training and development policy and procedures
- 15.2 All new staff receive a full induction into the policies and procedures of the agency and the particular service
- 15.3 During a specified period new staff are directly supervised in their interaction with service users by an experienced staff member

### **LEVEL 2: GOOD PRACTICE STANDARDS**

- 15.4 The skill needs of the organisation are considered as part of its strategic and operational planning processes, at least every five years
- 15.5 There is a culture within the organisation which recognises the importance of training
- 15.6 Human resource and work planning ensures that staff can undertake relevant training without having to make up the work at another time
- 15.7 There is an analysis of the training needs of each individual and the staff/volunteer team in consultation with the individual and team, at least annually
- 15.8 Each member of staff has an agreed training plan
- 15.9 There is a clear budget for the training and development of staff
- 15.10 Staff have the opportunity to learn through networking with others involved in providing the service
- 15.11 Staff have the opportunity to gain appropriate qualifications/accreditation
- 15.12 Training providers are appropriately qualified
- 15.13 The learning and development needs of staff are discussed and recorded at supervision sessions, at least every two months and at appraisal, at least annually

### **LEVEL 3: BEST PRACTICE STANDARDS**

- 15.14 All training is evaluated to promote continuous improvement
- 15.15 Training and development needs that may be in common with other organisations are communicated to training providers and umbrella organisations

## **16 MANAGING STAFF**

### **LEVEL 1: MINIMUM STANDARDS**

- 16.1 All staff have a written signed contract of employment
- 16.2 All staff have a job description

- 16.3 Staff receive supervision at least monthly
- 16.4 Responsibility for the provision of support, supervision and feedback is clearly allocated
- 16.5 There is a written staff grievance procedure
- 16.6 There is a written disciplinary policy and procedure and rules
- 16.7 There is a written code of practice/conduct which clarifies the boundaries of acceptable behaviour
- 16.8 There is effective management and leadership in the project
- 16.9 The shift/roster pattern facilitates effective working

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 16.10 All staff have a clear statement of their roles and responsibilities, decision-making authority, and lines of accountability
- 16.11 There is a written staff support and supervision policy and procedure, which is being implemented consistently
- 16.12 There is a written staff appraisal/review policy and procedure to provide feedback, at least annually, on performance and the opportunity to set plans and objectives for the coming period, which is being implemented consistently
- 16.13 Staff receive feedback and participate in a formal appraisal at least annually
- 16.14 Staff are consulted about decisions that may affect them
- 16.15 There is a team meeting for staff at least once a month
- 16.16 Managers receive appropriate training in staff support and supervision and in carrying out organisational policies and procedures in relation to supervision, appraisal, grievance and discipline
- 16.17 There are written policies on equal opportunities, sexual and racial harassment and bullying which are effectively implemented
- 16.18 There is an annual or bi-annual audit of the satisfaction of staff
- 16.19 There is an exit interview with all staff before they leave to clarify the reasons for leaving and any lessons that can be learnt
- 16.20 Placements and trainees are only used where a clear role has been identified for them which is appropriate to their level of skill and training and they can be provided with the appropriate level of support and supervision
- 16.21 There is procedure in place for enabling staff to input their ideas on how to improve the service
- 16.22 There is an effective internal communication system in the agency

**17 MANAGING AND DEVELOPING VOLUNTEERS\*****LEVEL 1: MINIMUM STANDARDS**

- 17.1 There is a formal process for volunteers to make a complaint
- 17.2 All volunteers are given a clear written statement of their role, responsibilities, authority, boundaries and line management accountability

17.3 There is a clear written policy on the recruitment, supervision, development and role of volunteers in the organisation

**LEVEL 2: GOOD PRACTICE STANDARDS**

17.4 Responsibility for the recruitment, supervision and development of volunteers is clearly allocated

17.5 All volunteers receive support, supervision and feedback on performance, at least every six months

17.6 The training and development needs of volunteers are assessed and a training plan put in place to meet these needs, at least annually

17.7 There is a clear written agreement with each volunteer clarifying the extent and duration of their commitment

17.8 There is a process for acknowledging the special contribution of volunteers

17.9 Volunteers are consulted on decisions that may affect them

**LEVEL 3: BEST PRACTICE STANDARDS**

17.10 There is a process in place to encourage volunteers to make suggestions as to how the service could be improved

17.11 Written personnel policies clarify the extent that they apply to volunteers

17.12 Volunteers in the role of trustees or management committee members have clear written guidance and training on their role

**18 PARTICIPATION & CONSULTATION**

**LEVEL 1: MINIMUM STANDARDS**

18.1 There is a formal complaints procedure which is effectively implemented

18.2 The level of satisfaction of residents with the quality of the service are and objectively sought, at least every two years

18.3 Suggestions for the improvement of services are sought from residents, at least every two years

18.4 Residents are consulted about decisions that may affect them

18.5 There is a charter of the rights of service users, about which service users were consulted, which is prominently displayed, and reviewed, at least every three years, with service users

**LEVEL 2: GOOD PRACTICE STANDARDS**

18.6 The decision-making process and authority is made clear

18.7 Feedback is given on why suggestions are not implemented

18.8 A forum for service users to meet together to discuss relevant issues, at least every three months, is facilitated by the organisation

**LEVEL 3: BEST PRACTICE STANDARDS**

18.9 Organisations have a written consultation and participation policy and procedures

18.10 Analysis of the satisfaction survey of service users is considered by the management and staff of the service and appropriate action taken

## **19 CO-ORDINATION WITH OTHER ORGANISATIONS**

### **LEVEL 1: MINIMUM STANDARDS**

- 19.1 Referrals to and from other organisations and services are continuously monitored
- 19.2 Each organisation has clear written information on the services it provides and how to access them which are exchanged between agencies so that staff from one agency can easily access accurate information on other relevant organisations

### **LEVEL 2: GOOD PRACTICE STANDARDS**

- 19.3 There is an accurate and up-to-date data-base of relevant organisations
- 19.4 There are meetings of staff from different organisations, at least every six months
- 19.5 There is a written policy on the sharing (and, where appropriate, not sharing) of information about clients
- 19.6 Staff make visits to other relevant organisations in their own and other sectors, at least annually
- 19.7 Other agencies are invited to meet the workers and attend openings/launches, etc, at least annually
- 19.8 Staff of the organisation actively participate in the committees, networks and working groups of the Homeless Agency
- 19.9 Workers actively participate in inter-agency fora
- 19.10 Opportunities are created for informal networking

### **LEVEL 3: BEST PRACTICE STANDARDS**

- 19.11 Information technology is used to promote co-ordination between organisations
- 19.12 Other agencies are invited to participate in the review and planning of the services
- 19.13 There is a survey of the satisfaction of other relevant agencies, at least every three years

## **20 RECORD-KEEPING**

### **LEVEL 1: MINIMUM STANDARDS**

- 20.1 Statistical information on the number of people using the service is maintained and analysed, at least annually
- 20.2 Biographical information is obtained and recorded on service users who are provided with support or advice, and the nature of the support or advice recorded
- 20.3 A detailed file is maintained of service users whose needs are assessed and there may be an ongoing relationship with the service to ensure continuity of the service to the service user
- 20.4 Monitoring reports are produced on trends in the nature of cases, at least annually

- 20.5 Clients are given access to their personal files
- 20.6 There is full compliance with data protection legislation
- 20.7 Files are kept safe and in a way that ensures confidentiality
- 20.8 There is an effective file management system so that files can always be accessed easily
- 20.9 Information provided by service users is clearly stated in records as such, and checked with the service user and where appropriate corroborated from other sources
- 20.10 Assessment opinions are clearly stated in records as such and checked with service users
- 20.11 The project contributes fully to the LINK system

**LEVEL 2: GOOD PRACTICE STANDARDS**

- 20.12 Statistical monitoring against equal opportunities criteria is maintained and analysed, at least annually
- 20.13 Information technology is used to facilitate the effective storage and retrieval of information in accordance with data protection legislation
- 20.14 There is a written policy and procedure on what records should be kept and how, and when and how they should be destroyed
- 20.15 The level of information sought and recorded is proportionate to the actual and likely involvement of the service user with the organisation

**LEVEL 3: BEST PRACTICE STANDARDS**

- 20.16 The views of staff are sought on the recording, analysis and retrieval of information, at least every two years
- 20.17 Staff receive induction and initial training in appropriate record-keeping and further training whenever there are any changes in the record-keeping or file management systems, or when there is evidence of non-conformance with these systems
- 20.18 The time between the contact with the client and when the file is updated is continuously monitored

**21 FINANCE/FUNDING**

**LEVEL 1: MINIMUM STANDARDS**

- 21.1 Organisations in receipt of funding produce and disseminate an annual report describing the work
- 21.2 Money is spent in accordance with the requirements of the funder
- 21.3 Organisations in receipt of funding provide funders with timely, accurate and appropriate reports and statistics on the work
- 21.4 There are meetings between funders and organisations they fund at least twice a year to discuss expectations, performance and future plans
- 21.5 There is a clear annual budget and a mechanism for monitoring compliance
- 21.6 There are clear procedures to protect the organisation from theft and fraud

21.7 If the SORP accounting standard is not in use, there is a plan for compliance within an agreed period

21.8 There is appropriate property, public liability and employers liability insurance cover

**LEVEL 2: GOOD PRACTICE STANDARDS**

21.9 Organisations in receipt of funding produce audited accounts in accordance with the SORP accounting requirements

21.10 There is a written manual of financial procedures

**LEVEL 3: BEST PRACTICE STANDARDS**

21.11 Where relevant, the value of the contribution of volunteers and gifts in kind are calculated, at least annually, and recognised as part of the contribution of the organisation to the costs of the service

21.12 There are internal audit processes to protect the organisation from fraud or theft

21.13 There are value for money reviews, at least every two years, to ensure cost-effectiveness

**22 GOVERNANCE**

**LEVEL 1: MINIMUM STANDARDS**

22.1 There is an appropriate legal structure for the organisation.

22.2 There is a legally constituted board of management for the organisation, which meets at least quarterly

22.3 There is a process for the emergency accommodation project to report to the board of management, at least quarterly

22.4 There is a clear and appropriate accountability structure between the emergency accommodation and the board of management

22.5 The board of management are aware of all complaints received and discuss any learning for the organisation

22.6 The board produces an annual report and accounts

22.7 There is a clearly stated purpose, mission/vision for the organisation and for the emergency accommodation project

**LEVEL 2: GOOD PRACTICE STANDARDS**

22.8 There is a code of conduct/practice for board members

22.9 There are clear statements concerning the role and authority of the board, board members and sub-committees

22.10 The board of management reviews its performance, at least every three years

22.11 There is a process for assessing the risks facing the organisation and agreeing and implementing an action plan to manage these risks

22.12 There are processes in place so that the board can assure itself on compliance with all relevant legislation (e.g. health & safety, employment, data protection, etc)

22.13 The board effectively accounts to the public and a wider membership for its stewardship of the organisation

- 22.14 The board considers the findings of client and staff/volunteer satisfaction surveys, at least every two years
- 22.15 The board has effective systems for planning, controlling and accounting for finances
- 22.16 There are clear outcome indicators that are measured and reviewed by the board, at least annually

**LEVEL 3: BEST PRACTICE STANDARDS**

- 22.17 There is a comprehensive quality assurance framework in place to enable the board to continuously assess compliance with agreed standards
- 22.18 There are effective arrangements in place to promote continuous improvement and innovation

## APPENDIX

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### DETAILED HEALTH & SAFETY (INC FIRE SAFETY AND HYGIENE STANDARDS)

#### **1 HEALTH & SAFETY AT WORK**

**LEVEL 1: MINIMUM STANDARDS**

- 1.1 There is a written safety statement which outlines the organisation's objectives in terms of safety, health and welfare; identifies hazards and the risks associated with them; specifies how safety health and welfare are to be ensured; clarifies responsibilities for safety, health and welfare; specifies the co-operation required of staff and volunteers and how they will be consulted; and gives details of the information available to staff and volunteers
- 1.2 Responsibility for safety, health and welfare are clearly allocated
- 1.3 The responsibility of staff and volunteers to co-operate is clearly stated in writing
- 1.4 Staff and volunteers are consulted on safety, health and welfare matters, at least every two years
- 1.5 Staff and volunteers elect safety representatives who are given appropriate support and training
- 1.6 There is safety committee (inc. safety representatives) which meets at least quarterly
- 1.7 The organisation considers and where appropriate acts on recommendations from safety representatives and the safety committee
- 1.8 The risks to the safety, health and welfare of staff, volunteers, service users and visitors are assessed, documented, and appropriate protective measures put in place, at least annually

- 1.9 All staff receive induction and ongoing training in health and safety procedures
- 1.10 Staff and volunteers with particular health and safety responsibilities have their training needs assessed on an annual basis and are provided with appropriate information and training
- 1.11 Arrangements for effective evacuation in case of emergencies are in place
- 1.12 Health surveillance is available to staff and volunteers who may face particular risks to health
- 1.13 Safety audits/inspections are carried out, documented and corrective action taken (daily, weekly, and monthly)
- 1.14 All accidents and dangerous incidences are recorded, appropriately investigated, corrective and/or preventative action taken
- 1.15 Statistical information on accidents and ill health is maintained and analysed and discussed at least every six months
- 1.16 All reportable injuries, diseases, and dangerous occurrences, and any remedial action taken, are properly documented and reported to management and the safety committee
- 1.17 Detailed health and safety procedures are contained in a health and safety handbook
- 1.18 Adequate first aid arrangements are in place in each workplace, inc. a trained first-aider and an adequately stocked first aid box which is clearly sign posted

## 2 FIRE SAFETY

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### LEVEL 1: MINIMUM STANDARDS

- 2.1 All new and renovated premises comply with the relevant building, building control and fire safety regulations
- 2.2 Fire hazards are assessed, at least quarterly, and appropriate corrective action taken
- 2.3 Fire prevention measures are in place in relation to: rubbish and waste; smoking; gas cylinders; electrical appliances; kitchens; laundries; open and portable fires/heaters; and maintenance and repair
- 2.4 Staff and volunteers receive comprehensive training in fire prevention measures and what to do in event of a fire
- 2.5 There are written emergency procedures which are effectively communicate to all staff, volunteers and service users
- 2.6 Fire drills are carried out and documented at least twice a year
- 2.7 Fire safety and evacuation instructions (Inc. floor plans) are clearly displayed in communal rooms kitchens, and bedrooms
- 2.8 Smoke detectors and fire alarm points are in place and tested, at least annually
- 2.9 The appropriate fire protection equipment is in place, well sign-posted, inspected, at least annually, and the inspections documented
- 2.10 Adequate escape routes are available, well sign-posted and lit, and unobstructed

- 2.11 Adequate self-closing fire resistant doors are in place and kept closed at all times
- 2.12 There is an effective emergency lighting system to illuminate escape routes, signs, fire protection equipment in event of a fire
- 2.13 All furniture, fittings, equipment, curtains, carpet, etc. comply with the appropriate regulations
- 2.14 There is a register with an up-to-date list of the names of all visitors, staff, volunteers, service users, etc. in the premises
- 2.15 There is a fire safety register containing all the information about the fire prevention and protection systems inc. a floor plan
- 2.16 The fire authority are invited to audit the premises at least annually and all recommendations are carried out

### 3 FOOD HYGIENE

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#### LEVEL 1: MINIMUM STANDARDS

- 3.1 Food hygiene should be compliant with HACCP standards
- 3.2 Critical food safety points where hazards may occur are identified and reviewed, at least quarterly
- 3.3 These critical control points are effectively controlled and monitored
- 3.4 There is a written hygiene policy which commits the organisation to the highest standards of food hygiene
- 3.5 Procedures are in place concerning the purchase, storage, handling, preparation, transportation, chilling, thawing and serving of food that will reduce the rate of growth of food poisoning micro-organisms
- 3.6 Ventilation, water, lighting, drainage sewage and waste disposal services minimise the risk of contamination of food
- 3.7 Plant and equipment are designed to be suitable for the purpose, easy to clean, appropriately installed, well maintained, safe for use and not be a source of contamination
- 3.8 Raw meats are stored separately from cooked meats and other food
- 3.9 Fridges are maintained at a maximum temperature of 5degrees C and freezers at a maximum of -18 degrees C
- 3.10 Separate equipment, utensils and food preparation areas are used to prevent cross-contamination
- 3.11 Detailed procedures effectively implemented ensure that staff and volunteers practice good personal hygiene in relation to frequent hand-washing, wearing clean protective clothing, and not spreading infections
- 3.12 There are separate changing facilities for kitchen staff
- 3.13 There is a separate sink for hand washing
- 3.14 There are separate ventilated toilet facilities for staff with hot and cold water, antiseptic soap dispenser and hand-drying facility (not domestic towels)

- 3.15 There are clear detailed procedures for frequent cleaning of the premises, equipment and utensils that specifies the frequency and method of cleaning
- 3.16 Refuse bins are lined, covered and removed at least daily
- 3.17 Rodents, insects, birds and animals are effectively excluded from the food preparation, storage and consumption premises and nearby grounds
- 3.18 All staff and volunteers receive comprehensive initial and refresher training that includes the reasons for good hygiene practice, causes and prevention of food poisoning, personal hygiene, cleaning and pest control
- 3.19 Food hygiene audits are carried out not less than every six months and non-conformance swiftly corrected