**Erosh Code of Practice – Documentation Requirements**

To achieve the erosh Code of Practice, you need to have a number of key documents. These are listed below. You need to make sure you have these in place or identify further work needed to put in place any that are not.

* You must have approved documents for each area, which can include policies, procedures, strategies or written guidance in appropriate formats.
* You should complete this checklist **before** you move on to the Core Standards requirements.
* Where a requirement is not relevant to your service, you should provide details to show why it isn’t relevant
* If the requirement is incorporated in another document, you should refer to it in the notes

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# **Documentation Requirements**

**All documentation must be relevant to the service, comply with current legislation and good practice, and be up to date i.e. reviewed and updated within the last three years. Date of issue and dates for review must be included on all policies and procedures.**

| **Required Documentation** (where not relevant please state why) | **In place✓** | **Date issued or last reviewed** | **Any Action Needed/Comments**(to be completed by organisation) |
| --- | --- | --- | --- |
| 1. Service Aims, Description (For the service area to be accredited) and Standards
* Outline of the services in published material
* Mission Statement
* Service description and standards
* Commitment to partnership working
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| 1. Value for Money
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| 1. Eligibility Criteria for the service & Access and Allocations
* Should be anti-discriminatory and specify how applications are processed, assessed and prioritised according to needs.
* Where accommodation based, allocations guidance
 |  |  |  |
| 1. Charge Setting - including rents, service charges and other charges as applicable.
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| 1. Equality & Diversity (in line with Equality Act 2010) & Action Plan
 |  |  |  |
| 1. Service Review, Quality Assurance and Continuous Improvement
 |  |  |  |
| 1. Customer Involvement
* Including the scope, methodology and support/training available to help customers to influence service delivery.
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| 1. Data Protection, Confidentiality & Privacy (in line with GDPR regulations and freedom of information)
* Including paper-based, electronic and verbal communication and when confidentiality may be set aside.
* Privacy should outline access to accommodation and key holding procedures where applicable.
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| 1. Information sharing with other departments and agencies, including:
* Type of information that can be shared, in what circumstances and with whom
* How information is protected against unauthorised access or disclosure
* How breaches of information security are reported, recorded and acted upon
* How staff are trained in information sharing and security.
 |  |  |  |
| 1. ‘Whistleblowing’ (in accordance with the Public Interest Disclosure Act/(NI) Order)
 |  |  |  |
| 1. Code of Conduct/Professional Boundaries
 |  |  |  |
| 1. Safeguarding and Protection of Vulnerable Adults and Children Multi-Agency Public Protection Agreements (MAPPA) (In Northern Ireland, Public Protection Arrangements, PPAs)
* Multi-Agency Risk Assessment Conferences (MARAC)
 |  |  |  |
| 1. Outcome focused person-centred needs and risk assessment and support planning
 |  |  |  |
| 1. Health and Safety (in accordance with current legislation, including:
* Lone working/home visits and personal safety
* Risk assessment
* Lifting/manual handling
* First Aid
* Food Hygiene (in accordance with Food Safety (General Food Hygiene) Regulations
* Vehicle Safety (where appropriate)
 |  |  |  |
| 1. Emergency and continuity planning and dealing with emergencies
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| 1. Use of telecare services, including out of hours support
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| 1. The use of volunteers (if appropriate) & Training Policy for volunteers and customers
 |  |  |  |
| 1. Staff management including:
* Recruitment and selection
* Staff performance management
* Training and professional development
* Disciplinary and grievance procedures
 |  |  |  |
| 1. Complaints, Escalation and Appeals
* Procedures should include recording, monitoring and reviewing complaints, escalation, conflicts and disputes and any action taken.
* Complaints policy and procedures specifically addresses complaints from external individuals or organisations.
* Where the landlord and support provider differ, complaints procedures confirm how customers can make a complaint to the landlord/managing agent and how they will be supported to do so.
* Persistent Complainants/Vexatious Litigants
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| 1. Anti-Social Behaviour
* Procedures should include recording, monitoring and reviewing anti-social behaviour and any action taken.
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| 1. Accommodation Reviews and Stock Condition reports
 |  |  |  |
| 1. Aids and Adaptations
 |  |  |  |
| 1. Mobility Scooters
 |  |  |  |
| 1. Keeping Pets
 |  |  |  |
| 1. Site Compliance (fire, legionella, etc)
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| 1. Specialist equipment and facilities associated with extra-care
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Declaration and Signatures

By signing, you confirm that all policies and procedures provided are in line with current legislation and are dated/reviewed within the last three years.

Organisation

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| --- | --- |
| **Lead Officer (on behalf of Working Group) Signature:** |  |
|  |  |
| **Print Name:** |  |
|  |  |
|  |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Chief Executive Signature:** |  |
|  |  |
| **Print Name:** |  |
|  |  |
|  |  |
| **Date:** |  |

Assessor

|  |  |
| --- | --- |
| **Assessor Signature:** |  |
|  |  |
| **Print Name:** |  |
|  |  |
|  |  |
| **Date:** |  |