

Jersey Care Commission
Care Standards
Child and Adolescent Mental Health Service
(CAMHS)

Respect

Voice

Safety

Choice

Quality

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The Jersey Care Commission

The Jersey Care Commission's purpose is to:

- provide the people of Jersey with independent assurance about the quality, safety and effectiveness of their health and social care services
- promote and support best practice in the delivery of health and social care by setting high Standards and challenging poor performance
- work with service users and their families and carers to improve their experience of health and social care and achieve better outcomes.

The Jersey Care Commission's work is based upon these core values:

- **A person centred approach** – we put the needs and the voices of people using health and social care services at the heart of everything we do
- **Integrity** – we will be objective and impartial in our dealings with people and organisations
- **Openness and accountability** – we will act fairly and transparently, and will be responsible for our actions
- **Efficiency and excellence** – we strive to continually improve and provide the best possible quality and value from our work
- **Engagement** – we will work together with, and seek the views of, those using, providing, funding and planning health and social care services in developing all aspects of our work.

Introduction to the Standards

The Jersey Care Commission Standards are statements which set clear expectations about how care services should be provided.

The Standards for Child and Adolescent Mental Health Services (CAMHS) for children and young persons have been developed in consultation with children, young people, professionals, and are intended to:

- Show what children and young persons should expect from CAMHS
- Set out what the people who provide CAMHS must do to meet the expectations of children and young persons.
- Provide a structure that can be used to inspect the service provided.

Scope

These Standards apply to the Government of Jersey as the provider of child and adolescent mental health services for children and young persons, registered under the Regulation of Care (Jersey) 2014 Law.

The Standards apply to:

- Services provided to children and young people who are referred to the Government of Jersey CAMHS, including those for which intensive community-based support is required, children with autistic spectrum conditions and those requiring support with a range of mental health issues.
- Mental Health Services provided to children in need of care and support.
- Mental Health Services provided to children and young people who are looked after
- Mental Health Services provided to children and young people aged between 16 and 17 who are preparing to leave care, those aged 18 - 25 who have left care and are receiving on-going support for mental health
- Mental health services provided to young people within education settings

Guiding Principles

Guiding principles are the basic values which influence all the Standards. They reflect people's rights which are central to any care or support given.

Respect Your right to support provision that is respectful, compassionate, and dignified.

Voice Your right to be listened to, communicated with and supported to reach your goals and aims.

Safety	Your right to be safe and cared for by people who are trustworthy and competent.
Choice	Your right to be informed and supported to make real choices and decisions that are respected.
Quality	Your right to the highest standard of service provision which will promote your independence and decision making.

Definitions

CAMHS is the service known as Child and Adolescent Mental Health Service and relates to community mental health services

Care/support worker relates to any person employed, volunteering or on work placement including health/social care professionals who provide care or support to people receiving care services which are registered under the Regulation of Care (Jersey) Law 2014.

Child is a person aged 0-14 years.

Health/social care professional is a person who registered with a professional regulatory body in the United Kingdom and where required is registered under the Health Care (Registration) (Jersey) Law 1995 (e.g. nurse/social worker/doctor).

Adult Community Mental Health Team is the point of entry for all individuals referred into adult mental health services. The service is for clients aged 16-65

JAMHS - Jersey Adult Mental Health Service

PMHWS - Primary Mental Health Workers come from a range of professional backgrounds, all with links to mental health and well-being. We work with children and young people from ages 5 to 19 years old. We have training and experience in helping young people and their families when there are emotional or mental health challenges.

People/person has been chosen as the term to represent people who receive care and where appropriate (i.e., where a person lacks capacity) their representatives.

Social care includes all forms of personal care, practical assistance, personal support, assessment of need and safeguarding from harm.

Young person is someone aged between 14 and 25 years

Standard 1. Access, Referral and Assessment

1.1 CAMHS work with all potential referrers including families and young people to ensure access is appropriate, timely and co-ordinated.

The service provides information about how to make a referral and waiting times for assessment and treatment.

Where referrals are made through a single point of access, these are passed on to the community team within one working day unless it is an urgent referral which should be passed across immediately.

A clinical member of staff is available to discuss urgent referrals during working hours.

Young people and families are able to make a self-referral to the service

Outcomes of referrals are fed back to the referrer in writing, young person and parent/carer (with the young person's consent). If a referral is not accepted, the team advises the referrer, young person, and parent/carer on alternative options.

If a referral is accepted the service should provide information on:

- How young people can access help while they wait for an appointment (e.g., letter, leaflet or telephone call; points of contact to access help may include the referrer, the school nurse, other local service or online services)
- Information about expected waiting times for assessment and treatment
- With any updates of any changes to their appointment.

1.2 Measures are taken to ensure equity of access

Appointments are flexible and responsive to the needs of young people and their parents/carers where appropriate.

Guidance: For example, young people and their parents/carers can choose a suitable appointment time and appointments can be offered out of school or college hours; home-based or school-based treatments; virtually via tele-appointments are offered where appropriate

The service reviews data at least annually about the young people who use it. Data are compared with local population statistics and action is taken to address any inequalities of access where identified.

The team follows up with young people who have not attended or are not brought to an appointment or assessment. If they are unable to engage with the young person, a decision is made by the assessor/team, based on need and risk, as to how long to continue to follow up the young person.

Guidance: Where young people consent, the parent/carer is contacted.

If a young person does not attend an assessment or appointment, the assessor contacts the referrer.

Guidance: If the young person is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.

Data on missed appointments are reviewed monthly. This is done at a service level to identify where engagement difficulties may exist.

Guidance: This should include monitoring a young person's failure to attend the initial appointment after referral and early disengagement from the service.

1.3 Young people receive timely mental health assessments

Young people with a routine referral receive a mental health assessment within six weeks (or four weeks for Trailblazers).

Young people with urgent mental health needs can access a mental health assessment within 24 hours (within 4 hours if very urgent).

Guidance: Staff should be aware of the different pathways available, and the urgent assessment process should be completed by an appropriately skilled clinician.

For non-emergency assessments, the team makes written communication in advance to young people that includes:

- The name and title of the professional they will see
- An explanation of the assessment process
- Information on who can accompany them
- How to contact the team if they have any queries, require support (e.g., an interpreter), need to change the appointment or have difficulty in getting there.
- Who to contact if the situation worsens significantly, and Crisis lines

The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment. The young person receives a copy.

1.4 Assessments are collaborative, individual and according to need

When talking to young people and parents/carers, health professionals communicate clearly, avoiding the use of jargon so that people understand them.

Staff check that young people and their parents/carers understand the purpose of the assessment and possible outcomes as fully as possible before it is conducted.

Guidance: For example, this is specified on an assessment checklist and audited through service questionnaires for young people and parents/carers

Young people have a comprehensive evidence-based assessment which includes:

- Mental health and medication
- Psychosocial and psychological needs

- Strengths and areas for development
- Risk, including risk of suicide.
- Harm reduction
- Educational background
- Social care/ youth justice background

Young people have a risk assessment and management plan which is co-produced where possible, updated promptly when changes occur and shared where necessary with relevant agencies (with consideration of confidentiality and consent).

Guidance: The assessment considers risk to self, risk to others and risk from others.

Assessments are based on the wishes and goals of young people, the family and their capacity to support interventions.

All assessments are documented, signed/validated (electronic records) and dated by the assessing practitioner.

Young people assessed as requiring treatment see an appropriate clinician within six weeks.

Guidance: If a service is unable to meet waiting time guidelines, appropriate steps have been taken to work towards their reduction.

1.5 Assessments are effectively co-ordinated with other agencies so that young people and their parents/carers are not repeatedly asked to give the same information.

There are processes in place to identify whether young people or parents/carers are involved with other agencies.

The assessing professional can access relevant information (past and current) about the young person from primary and secondary care and other relevant agencies.

1.6 The team assess the physical health needs of young people accessing the service.

A physical health review takes place as part of the initial assessment, or as soon as possible.

Staff members arrange for young people to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the young person's care plan.

The team, including bank and agency staff, are able to identify and manage an acute physical health emergency.

Standard 2. Care and Intervention

2.1 Young people and parents/carers (with consent) are fully involved and informed in care planning.

Young people are actively involved in shared decision-making about their mental and physical health care, treatment and discharge planning and supported in self-management.

Every young person has a written care plan, reflecting their individual needs. Staff members collaborate with young people and their parents/carers when developing the care plan and they are offered a copy.

Guidance: Where possible, the young person writes the care plan themselves or with the support of staff

All young people have a documented diagnosis and clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.

Young people and their parents/carers (with consent, see guidance below), are supported to understand the benefits, functions, expected outcomes, limitations and side effects of their medications, intervention options and non-intervention options.

Guidance: This is where the child or young person has capability/ competence to consent. HeadMeds or Young Minds' websites, for example, could be used to access this information.

All young people know who is co-ordinating their care and how to contact them if they have any questions.

Young people and their parents/carers consistently see the same clinician for intervention, unless their preference or clinical need demands otherwise

There is a mechanism for young people to change their clinician if there are problems without prejudicing their access to treatment

Guidance: This should be referred to in service information.

2.2 Decisions around the prescribing of medication are collaborative where possible and monitored appropriately.

When medication is prescribed, specific treatment goals are set with the young person, the risks (including interactions) and benefits are discussed, a timescale for response is set and the young person's consent is recorded.

Young people have their medications reviewed regularly. Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime.

Guidance: Side effect monitoring tools can be used to support reviews.

The safe use of medication is audited, at least annually and at a service level.

For young people who are taking antipsychotic medication, the team maintains responsibility for monitoring their physical health and the effects of antipsychotic medication for at least the first 12 months or until the young person's condition has stabilised. Thereafter, the responsibility for this monitoring may be transferred to primary care under shared care arrangements.

Young people who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at three months and then six-monthly. If a physical health abnormality is identified, this is acted upon.

Young people, parents/carers are able to discuss medications with a specialist pharmacist.

2.3 Staff provide support and guidance to enable young people and their parents/carers to help themselves.

Where appropriate, young people are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the young person's care plan.

Young people and parents/carers are guided in self-help approaches where appropriate.

Guidance: This may include those waiting between assessment and treatment

The team provides information, signposting and encouragement to young people to access local organisations for peer support, social engagement and work/education opportunities such as:

- Voluntary organisations
- Community centres
- Local religious/cultural groups
- Peer support networks
- Recovery colleges
- Pre-vocational training or employment programmes.

2.4 Efforts are made actively to support and engage parents/carers.

Parents/carers are involved in discussions and decisions about the young person's care, treatment and discharge planning. This includes attendance at review meetings where the young person consents.

Parents/carers are supported to access a statutory carers' assessment, provided by an appropriate agency.

Guidance: This advice is offered at the time of the young person's initial assessment, or at the first opportunity.

Parents/carers are offered individual time with staff members to discuss concerns, family history and their own needs.

The team provides each parent/carer with accessible carer's information.

Guidance: Information is provided verbally and in writing (e.g., carer's pack). This includes:

- The names and contact details of key staff members in the team and who to contact in an emergency
- Local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.

The service actively encourages parents/carers to attend carer support networks or groups. There is a designated staff member to support carers.

2.5 Outcome measurement is routinely undertaken.

Clinical outcome measurement data, including progress against user-defined goals, is collected as a minimum at assessment, after six months, 12 months and then annually until discharge. Staff can access this data.

Staff members review young people's progress against self-defined goals in collaboration with the young person at the start of treatment, during clinical review meetings and at discharge.

The service's clinical outcome data are reviewed at least six-monthly. The data is shared with commissioners, the team, young people and parents/carers, and used to make improvements to the service

There is dedicated sessional time from psychologists in order to:

- Provide assessment and formulation of young peoples' psychological needs
- Ensure the safe and effective provision of evidence based psychological interventions adapted to young peoples' needs through a defined pathway.

There is dedicated sessional time from psychologists to support a whole-team approach for psychological management.

There is dedicated sessional input from occupational therapists in order to:

- Provide an occupational assessment for those young people who require it
- Ensure the safe and effective provision of evidence based occupational interventions adapted to young peoples' needs

There is dedicated sessional input from arts or creative therapists.

The team supports young people to access local green space on a regular basis.

Guidance: This could include signposting to local walking groups or arranging regular group activities to visit green spaces. Consideration should be given to how all young people are able to access these sessions including, for example, access to appropriate foot- or rainwear.

All staff members who deliver therapies and activities are appropriately trained and supervised.

Case notes should be updated promptly after an action or event has taken place and after each contact with the young person.

Guidance: This should take place within 24 hours for all urgent events and within 48 hours for non-urgent.

Case notes must clearly indicate when a young person has been spoken to and by whom. The views, wishes, feelings and expectations of the young person should be included throughout.

Case notes which relate to information provided by family/friends or other professionals, the person's name, contact details, role and relationship with the young person should be recorded.

Standard 3. Information, Consent and Confidentiality

3.1 Young people and their parents/carers are provided with information that is accessible and appropriate for their use.

Guidance: Standard 3.1 is overarching: criteria apply to all information that is provided for young people and parents/carers including service information, intervention information, information on consent, confidentiality and rights

Young people are given accessible written information which staff members talk through with them as soon as is practically possible. The information includes:

- Their rights regarding admission and consent to treatment
- Their rights under the Mental Health (Jersey) Law 2016
- How to access advocacy services
- How to access a second opinion
- Interpreting services
- How to view their records
- How to raise concerns, complaints and give compliments.

All information materials such as leaflets are regularly updated and include a date for revision.

Young people and their parents/carers are able to access information on the service via an up-to-date website.

Young people (and carers, with young person consent) are offered written and verbal information about the young person's mental illness and treatment.

Guidance: Verbal information could be provided in a 1:1 meeting with a staff member or in a psychoeducation group. Written information could include leaflets or websites.

Staff provide young people and their parents with information about the roles played by key professionals across the CAMHS team.

Siblings of young people with learning disabilities, autism spectrum disorder and/or mental health problems are provided with clear information in an appropriate format e.g., Young Minds.

The service provides young people and their parents or carers with service information that is culturally relevant and sensitive to protected characteristics.

Guidance: For example, images used in posters and leaflets fully reflect the cultural diversity of the community

Information designed for young people and parents/carers is written with the participation of young people and parents/carers.

Guidance: For example, including quotations or narratives reflecting the real experiences of the young people and parents who have used the service.

3.2 Staff follow clear procedures for gaining valid consent to treatment.

Assessments of young people's capacity (and competency for young people under the age of 16), to consent to care and treatment are performed in accordance with current legislation.

Where young people are able to give consent, their consent to the proposed treatment or intervention is sought by the practitioner carrying out the treatment and the agreement or refusal is recorded in their notes. This is done each time there is a change in treatment.

Where young people are not able to give consent (due to age or capacity), their views are ascertained as far as possible and taken into account, and the legal basis for giving the proposed treatment or intervention is recorded, for example:

- Consent from someone with parental responsibility is obtained and recorded; or,
- Treatment in the young person's best interest is given in accordance with the Capacity and Self-Determination (Jersey) Law 2016.

Guidance: Staff must be clear on who holds parental responsibility.

Where parental responsibility is held by a third party, young people and their parents/carers are informed about the procedures for obtaining consent.

Guidance: Parental responsibility will be shared with others if the young person is subject to a care order (where the local authority has parental responsibility) or a residence order (in which case the person(s) named in the order will have parental responsibility).

3.3 Young people and their parents are well-informed about confidentiality and their rights to access information held about them.

Confidentiality and its limits are explained to the young person and parent/carer on admission, both verbally and in writing. The young person's preferences for sharing information with third parties are respected and reviewed regularly.

Young people are asked if they and their parent/carers wish to have copies of correspondence about their health and treatment.

The team knows how to respond to parents/carers when the young person does not consent to their involvement.

Standard 4. Rights and Safeguarding

4.1 Young people and parents/carers are treated with dignity and respect.

Young people and parents/carers feel welcomed by staff members when attending the team base for their appointments.

Guidance: Staff members introduce themselves to young people and address them using their preferred name and correct pronouns.

Staff members treat young people and parents/carers with compassion, dignity and respect.

Young people and parents/carers feel listened to and understood by staff members.

Young people are offered the opportunity to see a staff member on their own without other staff or family present. This should be recorded in case records.

The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The young person's relatives are not used in this role unless there are exceptional circumstances.

Guidance: Exceptional circumstances might include crisis situations where it is not possible to get an interpreter at short notice.

4.2 Young people are protected from abuse through clear safeguarding policies and procedures.

Staff act in accordance with current child protection protocols (e.g., the procedures of the Safeguarding Partnership Board).

The organisation has a named professional responsible for child protection.

Guidance: This may include safeguarding lead or the organisation's child protection lead

Young people who may be at risk of harm are referred to the appropriate team within children's services.

Guidance: Referrals which are made by telephone should be followed up. Young people are reassured that any disclosure of abuse will be taken seriously and are informed about the next steps

If a safeguarding referral is made to MASH and no response is received within 24 hours, there are procedures in place for escalation via the identified safeguarding lead.

The specific safeguarding needs of young people who are Looked After are responded to through policies, procedures and practice that are designed to protect them.

Guidance: This should include those under kinship care or guardians, foster care or under children social services. The procedures should involve staff participating in child protection strategy meetings and looked after reviews as required.

The team records which young people are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary

Where a young person is identified as a young carer, the service is able to signpost to specific young carer support for the young person.

Guidance: This may be a statutory young carers group through Health and Community Services.

Standard 5. Transfer of Care

5.1 Leaving the service.

A discharge letter is sent to the young person and all relevant parties (with the young person's consent) within 10 days of discharge. The letter includes the plan for:

- On-going care in the community/aftercare arrangements
- Crisis and contingency arrangements including details of who to contact
- Medication, including monitoring arrangements
- Details of when, where and who will follow up with the young person as appropriate.

When young people are transferred between community services there is a handover which ensures that the new team have an up-to-date care plan and risk assessment.

Teams provide support to young people when their care is being transferred to another community team, or back to the care of their GP.

The team makes sure that young people who are discharged from hospital are followed up within three days.

Guidance: This may be in coordination with the Home Treatment/Crisis Resolution Team.

For young people who are Looked After, arrangements for their continuing care are planned in conjunction with the relevant Children's Services.

Having left the service, young people can re-access the service if needed, within agreed timeframes.

Guidance: There may be exceptions where young people require a generic assessment and where it may be appropriate to follow the initial referral pathway

If young people are placed out-of-area, there are agreements for mental health care to be transferred once they return to the local area.

Guidance: For example, young people placed out of area for educational provision may require mental health support during holidays and should be able to re-access care when they return to the local area without needing to be re-referred

If the young person moves out of area and is being transferred to a new service, the responsibility is held with their current service until they receive their first assessment.

5.2 Transfer to inpatient care.

There are clear procedures for staff to follow in situations when inpatient beds are required but are not immediately available within the relevant service

Guidance: This includes a policy in relation to emergency support options and the use of inpatient beds off island.

When a young person is admitted to inpatient care, a community team representative attends and contributes to ward rounds and discharge planning.

Guidance: This may be in person or via teleconferencing facilities, for example.

5.3 Transfer to adult mental health services.

There is active collaboration between CAMHS and Working Age Adult Services for young people who are approaching the age for transfer between services. This starts at least six months before the date of transfer.

CAMH services have a named link person who liaises between services around transitions, who is responsible for leadership around transitions and monitors the quality of transition process.

Where young people reaching the upper age limit of the service are not referred to adult mental health services, but access adult services at a later date, the CAMHS (including learning disability services) will provide liaison to the adult service, if needed and with consent.

When young people are referred to adult services, a joint transition meeting is organised between CAMHS and the adult team to ensure a comprehensive handover can take place.

Standard 6. Multi-Agency Working

6.1 The service has identified links within a range of services and agencies, including:

Local GP surgeries or primary care.

Paediatrics, development centres and other health services for children and young people, including neurological services where appropriate,

Education, education support services and school health services, including community paediatricians and school or college nurses.

Guidance: This should include specialist education provisions such as Special Schools and Pupil Referral Units.

Organisations which offer:

- Housing support
- Support with finances, benefits and debt management
- Social services.

The team supports young people to access:

- Housing support
- Support with finances, benefits and debt management
- Social services
- Forensic mental health services
- Youth justice service
- Young people's drug and alcohol teams/substance misuse services
- Dietetics
- Community-based services which provide art/creative therapies

6.2 The service has clear links and pathways with other agencies.

Documented inter-agency agreements clearly state the roles and responsibilities allocated to each organisation, and the names of responsible contacts.

Guidance: This should follow the service specification.

There are locally agreed health-based places of safety that are designed for young people with appropriate staffing levels and safeguards

The team follows a joint working protocol/care pathway with the Home Treatment/Crisis Resolution Team in services that have access to one.

Guidance: This includes joint care reviews and jointly organising admissions to hospital for young people in crisis.

The team follows an agreed protocol with local police, which ensures effective liaison on incidents of criminal activity/ harassment/ violence and advice for young people in mental health crisis.

The service/organisation has a care pathway for the care of young people in the perinatal period (pregnancy and 12 months post-partum) that includes:

- Assessment
- Care and treatment (particularly relating to prescribing psychotropic medication)
- Referral to a specialist perinatal team/unit unless there is a specific reason not to do so.

Young people can access help from mental health services 24 hours a day, seven days a week.

Guidance: Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.

6.3 Staff engage in activities and initiatives to improve joint-working and liaison.

There is regular liaison between CAMHS and representatives from all other agencies involved in the young person's care, and this is documented in the clinical notes.

CAMHS offer consultation and training to partner agencies.

Guidance: For example, by appointing link persons to work with education, social services, drug and alcohol teams, and primary healthcare

Joint working is facilitated through flexible initiatives such as secondments, rotational posts, split posts and opportunities for job shadowing across organisations.

Standard 7. Staffing and Training

7.1 There are appropriate numbers of skilled staff.

There has been a review of the staff members and skill mix of the team within the past 12 months. This is to identify any gaps in the team and to develop a balanced workforce which meets the needs of the service.

The service has a mechanism for responding to low/unsafe staffing levels, when they fall below minimum agreed levels, including:

- A method for the team to report concerns about staffing levels
- Access to additional staff members
- An agreed contingency plan, such as the minor and temporary reduction of non-essential services.

When a staff member is on leave, the team puts a plan in place to provide adequate cover for the young people who are allocated to that staff member.

There is an identified senior clinician available at all times who can attend the team base within an hour. Video consultation may be used in exceptional circumstances.

Guidance: Some services may have an agreement with a local GP to provide this medical cover.

Administrative support or procedures are in place to enable staff to support the effective running of the service

All staff have clearly defined job descriptions and job plans which are revised at least annually

The team includes a peer support worker who can share knowledge, experiences and support to those currently accessing the service.

Guidance: This might include providing accounts of their experiences to new young people and parents/carers through a support group or documentation

Managers must have a management and leadership qualification (Level 5) or must have a plan to obtain one within a three-year period of becoming registered as a manager

The service has a staffing policy which includes:

- The number and skill mix of the staff team required to enable the service to function appropriately
- The number of students able to be supported in the service at any one time
- Start and finish times where appropriate and number of hours worked per week
- Arrangements for managing a duty and support system with day-to-day decision making

- Arrangements for contacting management/senior staff /on call support if necessary
- The delivery of an out of hours service in respect of ensuring an appropriate skill mix and the availability of management support
- Specification that staff are not required to work outside of the scope of their profession, competence, or job description, and that students, trainees and volunteers are not included in staffing numbers.

7.2 The service takes steps to ensure that staff are sufficiently qualified to fulfil their roles.

New staff members, including bank staff, receive an induction based on an agreed list of core competencies.

Guidance: This should include arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.

There is an appropriate induction policy which includes understanding the local context, introduction to relevant professionals, shadowing of more experienced colleagues and receiving enhanced supervision until core competencies have been met.

All staff who come into contact with young people or who have access to information about them undergo a Disclosure and Barring Service (DBS) check before their appointment is offered. Ongoing monitoring of this is carried out at least once every three years, in line with national guidance.

Appropriately experienced young person or parent/carer representatives are involved in the interview process for recruiting staff members.

Guidance: These representatives should have experience of the relevant service.

There is a comprehensive application process which allows an organisation to obtain a common set of core data about applicants.

Guidance: Application forms must request:

- Full employment history
- Academic and/or vocational qualifications relevant to the position
- Declaration of any disciplinary or grievance procedures
- Details of registration with regulatory bodies
- Declaration of unspent and/or spent convictions
- Declaration of any relationships with existing employees.

Recruitment packs provided to applicants contain:

- Application form and explanatory notes
- Job description and person specification
- Terms and conditions of the post

- Information about the employer, recruitment process and policies such as equal opportunities and safe recruitment to include the recruitment of ex-offenders
- An explicit statement about the organisation's commitment to safeguarding and promoting the welfare of the people it provides support to.

There is a clear, values-based process for the assessment of applicants. This should specify:

- The necessary training required for members of the interview panel
- That the assessment criteria match the person specification
- That the questions are values and competency based and prepared ahead of the interview.

7.3 Staff are regularly appraised and supervised and know how to gain additional support when needed.

All staff members receive an annual appraisal and personal development planning (or equivalent).

Guidance: This contains clear objectives and identifies development needs and should be recorded on a designated form. Clinical staff appraisals should consider the use of 360-degree feedback including from people who access the service.

All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body.

Guidance: Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.

All staff members receive line management supervision at least monthly.

Staff members are able to access reflective practice groups at least every six weeks where teams can meet to think about team dynamics and develop their clinical practice.

Legal advice is available to staff on issues such as information sharing, confidentiality, consent, rights and child protection

Guidance: For example, staff have access to a solicitor on the children's panel who is familiar with the service and can offer up-to-date legal advice

There are measures in place to ensure staff are as safe as possible when conducting home visits. These include:

- Having a lone working policy in place
- Conducting a risk assessment
- Identifying control measures that prevent or reduce any risks identified.

There is an assessment process to identify any additional support that may be required to meet the physical and mental health needs of staff.

The service has disciplinary and grievance procedures in line with local legislation. This specifies that where concerns or allegations about a worker's fitness to practise or harm to a care receiver occurs, the employer has a duty to notify the relevant bodies and the Jersey Care Commission.

7.4 Staff members are supported by management.

The service actively supports staff health and well-being.

Guidance: For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, ensuring that staff can take regular breaks, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.

Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.

When mistakes are made in care this is discussed with the young person themselves and their parent/carer, in line with the Duty of Candour agreement.

Staff members, young people and parents/carers who are affected by a serious incident are offered post incident support.

Guidance: This includes attention to physical and emotional wellbeing of the people involved and post-incident reflection and learning review.

Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.

Staff members feel able to challenge decisions and to raise any concerns they may have about standards of care. They are aware of the processes to follow when raising concerns or whistleblowing.

7.5 Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:

The use of legal frameworks, such as the Mental Health (Jersey) Law 2016 and the Capacity and Self-Determination (Jersey) Law 2016.

Physical health assessment.

Guidance: This includes training in understanding physical health problems, understanding physical observations and when to refer the young person for specialist input.

Safeguarding vulnerable adults and children.

Guidance: This includes recognising and responding to the signs of abuse, exploitation or neglect.

Risk assessment and risk management.

Guidance: This includes assessing and managing suicide risk and self-harm

Recognising and communicating with young people with cognitive impairment or learning disabilities.

Statutory and mandatory training.

Guidance: This includes equality and diversity, information governance and basic life support.

Inequalities in mental health access, experiences, and outcomes for patients with different protected characteristics.

Training and associated supervision should support the development and application of skills and competencies required in role to deliver equitable care.

Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

The service is able to support the training needs of the team including shared in-house multi-disciplinary team training, education and practice development activities. This should occur in the service at least every three months.

Young people and parent/carer representatives are involved in delivering and developing training.

7.6 Staff work effectively as a team or network.

The team uses monthly business meetings to review progress against its own plan/strategy, which includes objectives and deadlines in line with the broader organisation's strategy.

Frontline staff are consulted on relevant management decisions such as developing and reviewing operational policies.

Managers ensure that policies, procedures and guidelines are formatted, disseminated and stored in ways that front-line staff members find accessible and easy to use.

The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews.

Guidance: Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.

Standard 8. Location, Environment and Facilities.

8.1 CAMH services are accessible

Everyone is able to access the service using public transport or transport provided by the service.

The environment complies with current legislation on accessible environments.

Guidance: Relevant assistive technology equipment, such as hoists and handrails, are provided to meet individual needs and to maximise independence.

The team offers appointments both in person and virtually, and patient preference is taken into account.

8.2 Environments in which CAMH services are delivered are managed so that the rights, privacy and dignity of young people and their parents/carers are respected.

The service environment is clean, comfortable and welcoming.

CAMHS practitioners have access to large and small rooms suitable for individual and family consultations

Clinical rooms are private, and conversations cannot be easily over-heard.

Waiting areas are sufficiently spacious and young person-friendly.

Guidance: Play and reading materials are age- and developmentally appropriate for the whole age range.

All patient information is kept in accordance with current legislation.

Guidance: This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.

Staff members are easily identifiable (for example, by wearing appropriate identification).

8.3 CAMH services are delivered in safe environments.

If teams see young people at their team base, the entrances and exits are visibly monitored and/or access is restricted.

The team base is securely separated from adult services.

Guidance: There are separate areas and entrances for adult and CYP services, and access to CYP services is restricted

An audit of environmental risk is conducted annually, and a risk management strategy is agreed. When consultation takes place in a new setting, staff carry out a

risk assessment regarding the safety of the environment and its suitability for meeting the needs of the consultation

Low-stimulation environments are available to meet the needs of young people who require them, including designated quiet areas

Guidance: For example, waiting areas are kept tidy or materials can be easily put away; there is access to low stimulation areas for 'quiet time' if necessary; this is particularly relevant for services working with learning disabilities.

It is acceptable that rooms can be multi-functional if necessary. Services need to have quieter spaces for young people with additional needs.

There is a system by which staff are able to raise an alarm if needed

A collective response to alarm calls and fire drills is agreed before incidents occur. This is rehearsed at least annually.

Emergency medical resuscitation equipment (crash bag) is accessible as required by Trust/organisation guidelines, and is maintained and checked weekly, and after each use. The team know the location of the resuscitation equipment.

8.4 Staff have sufficient office facilities and IT systems.

Staff report they have sufficient space to complete administrative work.

Guidance: Staff can access suitable space to make confidential phone calls

There are sufficient IT resources (e.g., computer terminals) to provide all practitioners with easy access to key information, e.g., information about services/conditions/ treatment, young people's records, clinical outcome and service performance measurements.

Standard 9. Service Management.

9.1 Statement of Purpose

The service has a written statement of purpose which is available to all staff, young people, carers and referrers.

Guidance: This includes:

- A description of the service including referral pathways and the model and interventions it provides
- An outline of the staff team including contact details
- Organisational structure.

There is a widely understood CAMHS strategy that the local population can access.

Guidance: For example, for universal, targeted and specialist services

There is a mechanism for CAMHS to highlight system-wide commissioning gaps, especially around complex cases e.g., sensory impairments, severe learning disability and complex physical needs.

9.2 Service development is a collaborative, inclusive process.

The following groups are involved in and consulted on the development of the service:

- Young people who may access the service
- Families of young people who may access the service
- People from different religious, cultural and minority ethnic groups, whether or not they are patients of the service
- CAMHS staff, including frontline staff
- Local community groups and partner agencies.

Services are developed in partnership with appropriately experienced young people and parents/carers, and they have an active role in decision making.

The service has a meeting, at least annually, with all stakeholders to consider topics such as referrals, service developments, issues of concern and to re-affirm good practice.

Guidance: Stakeholders could include staff member representatives from inpatient, community adult, acute/paediatric, social care, voluntary sector partner and primary care teams as well as young person and carer representatives.

The team asks young people and parents/carers for their feedback about their experiences of using the service and this is used to improve the service.

Guidance: For example, this may take the form of a combination of suggestions boxes, discharge questionnaires, follow-up letters, satisfaction surveys, focus groups.

Feedback received from young people and parents/carers is analysed and explored to identify any differences of experiences according to protected characteristics.

The team is actively involved in Quality Improvement activity.

The team actively encourage young people and parents/carers to be involved in Quality Improvement initiatives.

The service has a quality assurance framework which provides a systematic approach to the auditing of work practice and interventions.

Appendix 1 – Whistleblowing

There is a whistleblowing policy and associated procedures.

Registered persons promote an open, transparent, and safe working environment where all staff members feel able to speak up.

Staff are encouraged to raise concerns without fear of retribution. Complaints are handled appropriately, monitored, and reported on.

Staff are assured of the registered person's support if they raise valid concerns about the practices of colleagues. Staff are assured of support if they raise valid concerns about the practices of registered persons.

The policy includes:

- An explanation of what whistleblowing is, particularly in relation to the service.
- A clear explanation of the organisation's procedures for handling whistleblowing, which can be communicated through training.
- A commitment to training staff members at all levels of the organisation in relation to whistleblowing and the policy.
- A commitment to treat all disclosures consistently and fairly.
- A commitment to take all reasonable steps to maintain the confidentiality of the whistle-blower where it is requested (unless required by law to break that confidentiality). Clarification that any so-called 'gagging clauses' in settlement agreements do not prevent workers from making disclosures in the public interest.
- Clarity about what feedback a whistle-blower might receive.
- An explanation that anonymous whistle-blowers will not ordinarily be able to receive feedback and that any action taken in responding to a disclosure could be limited – anonymous whistle-blowers may seek feedback through a telephone appointment or by using an anonymised email address.
- A commitment to emphasise in a whistleblowing policy that victimisation of a whistle-blower is not acceptable. Any instances of victimisation will be taken seriously and managed appropriately.
- The time frame for handling any disclosures raised.
- Clarification that the whistle-blower does not need to provide evidence for the employer to look into the concerns raised.
- Signpost to information and advice to those thinking of whistleblowing, for example trade unions and the Jersey Care Commission.
- Information about escalating concerns outside of the organisation

Appendix 2 – Recruitment and Staffing

There must be a policy and procedure for the safe recruitment of staff and volunteers who may have contact with children and young people in receipt of support.

Recruitment policies are compliant with all relevant legislation and guidance. Recruitment policies explicitly state and demonstrate the organisation's commitment to safeguarding and promoting the welfare of the children and young people it supports.

The policy is written with the intention of promoting positive experiences and outcomes for children and young people receiving support.

Recruitment policies include:

- Safeguarding arrangements
- A commitment to ensuring equal opportunities
- Detail of each stage of the recruitment process and how the organisation intends to approach them.
- How the involvement of children and young people in receipt of support and their parents, families and/or carers, is promoted
- The use of interview assessment techniques
- Composition of interview panels
- How offers of employment will be made
- Conditions of employment
- Retention of applicant information
- Provision of references to other organisations for existing or former employees.

The service operates a Recruitment and Selection policy which includes planning protocols relating to continuity of service. Specifically, the service demonstrates that it consistently takes tangible steps to retain staff.

There is a comprehensive application process which allows an organisation to obtain a common set of core data.

Application forms or online processes will require the applicant to provide the following:

- Full identifying details
- Full employment history (from compulsory education) in chronological order including part time, full time, and voluntary employment, including start/end dates, reason for ceasing and explanations for periods not in employment or education/training.
- A statement of academic and/or vocational qualifications relevant to the position.
- Declaration of any involvement in disciplinary or grievance procedures and any current formal warnings.
- Declaration of unspent convictions and/or spent convictions (where appropriate and with an explanation that the role may be excluded or excepted from the

provisions of the Rehabilitation of Offenders 2001 (Jersey) Law). It is important to note that this would also be a consideration if charges are brought following recruitment, and appropriate mechanisms need to be in place in accordance with this possibility.

- A declaration of any family or close relationships with existing employees, care receivers of their relatives.
- Details of referees: References must verify employment over a minimum period of three consecutive years immediately prior to the application. A minimum of two references should be sought and it should be made clear that references from friends or relatives will not be accepted. One of the references must be the applicant's current or most recent employer (or university course tutor/supervisor if the candidate has recently completed a degree), and there must be a reference from the applicant's last care role (if they are not currently working in a care role but had done previously).

The applicant will be informed that the organisation may contact any former employer in addition to the referees provided and that a Disclosure and Barring Service check will be required.

All professional registrations will be checked with the professional body e.g. NMC

Applicants will be warned that failure to disclose important information may lead to a dismissal if discovered later once employed.

There are clear job descriptions and person specifications

Detailed job descriptions and person specifications are produced to ensure the right people with the right skills, knowledge and experience apply for roles. Specific competencies for the role are identified.

Job descriptions clearly state the main duties and responsibilities of the role including the individual's responsibility for promoting and safeguarding the welfare of people receiving support.

The person specification sets out a profile for the post and the desired characteristics of the ideal candidate. It includes:

- Qualifications, knowledge, and experience required
- Competences and qualities that the successful applicant should be able to demonstrate or have the potential to demonstrate.

There are transparent procedures that are used for advertising and shortlisting.

Job adverts are concise, easily understood and where possible contain a link to where further information about the role can be sought. Job adverts state that a Disclosure and Barring Service check is required.

Recruitment packs provided to applicants contain:

- Application form and explanatory notes
- Job description and person specification
- Terms and conditions of the post
- Information about the employer, recruitment process and policies such as equal opportunities and safe recruitment to include the recruitment of ex-offenders
- An explicit statement about the organisation's commitment to safeguarding and promoting the welfare of the people it provides support to.

There are clear and fair processes for the assessment of applicants.

Organisations may have different screening processes for people seeking to be recruited, including exercises/simulation/role play based upon competencies which must be appropriate for the role being filled. However, a value-based approach should be used to support identify candidates who are the 'best fit' for the role because their values, behaviours and attitudes have been assessed and matched against that of the role and the organisation.

Interviewers are adequately trained and have knowledge in interviewing skills and relevant legislation including Data Protection, Equality and Discrimination.

Interviews are adequately planned to ensure that:

- There is a consensus about the required standard for the role
- Issues to be explored with each applicant are identified
- The assessment criteria match the person specification and is recorded with consistency i.e., scoring criteria must apply to all candidates equally and without exception.
- Questions are values and competency-based and each role has a set of specific questions
- The applicants' prior learning and areas for continued development are explored

Formal interviews allow the applicant to disclose any issues prior to employment checks and allow for explanation of any gaps in employment history. Interviewers need to be prepared to explore any issues disclosed.

Conditional offers of employment to successful candidates should state the appointment is subject to:

- Verification of the candidate's identity and right to work in Jersey
- The receipt of satisfactory written and verified references
- Verification of qualifications and registration with professional/regulatory bodies
- Receipt of appropriate criminal records and barring lists checks – which must include the receipt of an Enhanced Disclosure and Barring Service (DBS) return.

Conditional offers of employment should also request that the candidate must declare any new charges or convictions.

All safer recruitment employment checks are completed prior to staff (including volunteers) commencing employment.

All staff must not have any contact with people who receive care or support or have access to their personal information or data prior to the completion of all employment checks. Appendix 3 contains requirements for employment checks.

There are always enough competent, experienced staff to meet the needs of children/young people and families being supported by the service.

Registered Managers ensure that the service has enough staff to enable the service to function in accordance with the Statement of Purpose. There are enough staff employed to cover absences due to annual leave, sickness, and study leave. All staff are physically and mentally able to meet the needs of children/young people and families.

The staffing policy includes a statement relating to the use of social media and recording equipment.

Care/support workers will not work more than 48 hours per week unless under extraordinary circumstances on a short-term basis only.

There will be clear and transparent disciplinary and grievance procedures.

Organisations must have adequate disciplinary and grievance policies in line with local legislation and best practice. Where concerns or allegations about a worker's fitness to practise or harm to a care receiver occurs, the employer has a duty to notify the relevant bodies and Jersey Care Commission.

All staff employed by the service are supported to complete a structured induction programme.

The purpose of induction is to review individual competencies and set out a bespoke development plan. Development plans remain applicable during and after the probationary period in employment.

Students on practice placements, care/support workers undergoing induction and volunteers will not be included in staffing numbers/requirements.

All staff complete statutory and mandatory training.

Registered persons identify mandatory training requirements based upon the needs of the children/young people who will be supported by the service. This is in line with the written Statement of Purpose.

Registered persons ensure they are aware of statutory training requirements in relation to local legislation including, but not limited to:

- Children (Jersey) Law 2002
- Capacity and Self Determination (Jersey) Law 2016
- Data Protection (Jersey) Law 2018
- Fire Precautions (Designated Premises) (Jersey) Law 2012
- Fire Precautions (Jersey) Law 1977
- Health and Safety at Work (Jersey) Law 1989
- Safeguarding children and young people

The training will be available to all staff including volunteers.

E-learning courses can be a useful part of a blended learning approach to training. The registered person must ensure that local relevant legislation and guidance is covered during any training that is arranged for care/support workers. E-learning courses may support knowledge and understanding, however should not be used as a substitute where practical skill development is required (i.e., First Aid, Safe Moving and Handling).

All training should include assessment of learning.

Training update requirements should be specified by the training provider and be based upon best practice and statutory requirements.

There should be evidence of the organisations mandatory training requirements for each level of staff.

Training requirement for both mandatory training and professional development should form part of the staff's annual personal development appraisals

Evidence of training completed, assessment of learning and assessment of competency will be kept in care/support worker's personnel files.

The registered person will keep a training database updated with all training booked, completed and due which will be made available to the Jersey Care Commission upon request.

The registered person will ensure that care/support workers are suitably qualified.

All care/support workers are expected to maintain their qualifications through continued professional development.

To deliver safe, high quality, clinical care, the service will require a broad range of nursing clinical expertise and skilled non-registrants care expertise for a caseload population in a variety of community settings.

To deliver some specialist areas of nursing will require an additional registered qualification for example a diploma or degree in health visiting, school nursing or paediatrics. This should be specified in the job description and records kept by the employing organisation for inspection by the JCC.

People who receive care will be able to raise any issues or concerns about care/support workers.

There will be a system in place for people who receive care to be able to raise any issues or concerns about care/support workers.

The registered person will seek feedback regularly from people (children, young people, parents, and carers as appropriate) about their care/support workers.

All staff are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.

The purpose of supervision is to promote standardised, high quality, safe, and critically reflective practice by providing a channel for communication between manager/supervisor and staff member.

Supervision:

1. Is a formal discussion about the worker's performance against the standards they are expected to meet
2. Ensures the worker is clear about their roles and responsibilities
3. Is a two-way process where both supervisors and staff are responsible for raising issues where there is a need for discussion.
4. Identifies the worker's personal development needs
5. Offers a source of support for the worker encouraging reflection on challenges and achievements
6. Encourages workers to share any issues or concerns
7. Will be carried out four times per year and as appropriate to the requirements of the service. Supervision must be comprehensively recorded on a designated form which will be retained by the employer for reference.

Appraisals are intended to provide workers with a forum to discuss their capabilities, training needs and development plans in relation to the needs of the business.

Appraisals should be recorded on a designated form. They must be outcome based and the objectives must be SMART. Appraisals are carried out at least annually.

The provider should hold records of staff supervision and case work and safeguarding supervision should be recorded in the care receiver's notes. These records should be made available to the JCC on request.

There will be a staffing policy which details appropriate numbers of staff and necessary skill mix to meet the needs of care receivers.

People who receive care will not be given responsibility for other people who require care or support, nor given any responsibilities to compensate for any lack of care/support workers.

Training should where appropriate be accredited by a recognised body or organisation and must include relevant local legislation and guidance. Trainers or organisations who deliver training should:

- Be able to demonstrate experience and knowledge in the subjects delivered (this may include professional qualifications)
- Have a recognised teaching qualification and/or have completed a train the trainer course in the subject being delivered and have evidence of Continuing Professional Development which demonstrates the ability to maintain an effective learning environment and deliver effective training which is based upon best practice and guidance.
- Where possible be externally quality assured.

4.12 The registered person will ensure that care/support workers are suitably qualified.

Registered managers will have or must complete within three years a relevant (i.e., health and social care) Level 5 Diploma in Leadership (or equivalent).

Registered managers who have not completed a relevant Level 5 Diploma in Leadership must have completed a relevant Level 3 Diploma (or equivalent) or have a relevant professional qualification (i.e., social worker/nurse) and be working towards a relevant Level 5 Diploma in Leadership which must be completed within three years of the date they are registered as a manager.

If an applicant without a professional qualification is applying to become a registered manager for regulated activities where there are professionally qualified staff – for example, healthcare practitioners; the applicant and provider will need to demonstrate how they can ensure that appropriate support is going to be available.

Care/support workers who hold supervisory or senior positions or who are involved in assessment and care planning must be a registered health/social care professional or have completed a relevant Level 2 Diploma **and** have completed or are working towards completing a relevant Level 3 Diploma (this must be completed within 2 years from registration or the appointment of the person).

To establish whether an existing qualification is equivalent to either a Level 5 or Level 3 Diploma, the registered person should check whether the existing qualification has appeared in previous national (England) legislation or previous minimum standards.

In addition, the registered person should also establish whether the units completed in the candidate's original qualification have content which maps against the most relevant Level 3 or Level 5 Diploma. Any shortfalls must be addressed.

The registered person will keep a record of the information they have considered to establish 'equivalence' in the care/support worker's personnel file.

A minimum of 50% of care provided by the care service must always be delivered by care/support workers who hold relevant professional qualifications or a minimum of a relevant Level 2 diploma (or equivalent).

Appendix 3 - List of records

Information and documents which must be always made available to the Jersey Care Commission:

General requirements:

- Statement of Purpose
- Information that is provided to the public and to people who use the service.
- Written agreements/contracts/service level agreements (including service specifications) with Public or other Bodies.
- Policies and procedures.
- Staffing rotas which accurately reflect the dates, times, location and activity of all workers.
- Quality assurance/service reports.
- Feedback and complaints (including outcomes and actions taken).
- Insurance certificates.
- Meeting agendas and minutes (staff/care receivers/relatives etc.).
- A register of all people who use the care service which includes the following information where applicable:
 - Name, address and date of birth.
 - Name and address and telephone number of representative/next of kin /contact.
 - Name and address and telephone number of general practitioner
 - Date of commencement of services
 - Date and details of end of services
 - If the person has died at their home, the date, time, cause of death and the name of the medical practitioner who certified the cause of death.
 - If the person has been received into guardianship under the Mental Health (Jersey) Law 2016, the name, address and telephone number of the guardian, and the name, address and telephone number of any officer required to supervise the welfare of the person.
 - Name and address and telephone number of any agency or individual who arranged the care provision.

Care receiver records

- Assessments (including risk assessments)
- Referral information including care plans and assessments from health and social care professionals.
- Personal plans (care plans, risk management plans etc.)
- Medication records
- Communication sheets including visiting professional's entries
- Evaluation records and daily notes
- Written agreements/contracts
- Inventory of belongings on admission

Care/support worker records

- Application information
- Job descriptions/person specifications
- Interview records/candidate assessment
- Identification/social security registration information
- References
- Criminal records and barring lists checks
- Risk assessments
- Qualifications and training certificates
- File notes including any disciplinary or grievance information
- Competency assessments
- Supervision records
- Appraisal records
- Contract of employment
- Absence/sickness/leave

Health and safety records

- Incident/accident/near miss reports and investigations
- Safeguarding alerts/investigation/reports
- Restrictive physical intervention records
- Risk assessments
- Fire drill and equipment testing (alarm, emergency lighting, extinguishers etc.)
- Equipment checks, testing and maintenance logs
- Water and surface temperature checks
- Infection, prevention and control records (decontamination records, certificates etc.)
- CCTV/Electronic monitoring recordings

Medication records:

- Medicines requested and received
- Medicines prescribed
- Medications administered
- Medicines refused
- Medicines doses omitted
- Medicines doses delayed
- Medicines transferred
- Medicines disposed of
- Controlled drugs register
- Risk assessments
- Fridge/room temperatures (where medications are stored)
- Medication errors/incidents (incident reports/investigations/outcomes etc.)
- Copies of prescriptions and authorisation records
- Parameters for the use of 'as required' advised and authorised by health care professionals.
- Signatory list (Name, signature, and initials).

Financial records

- Detailed, certified annual accounts (not applicable to services operated by the States of Jersey)
- Scale of fees and additional charges (must be published)
- Individual fees charged
- A record of all money or other valuables deposited by a person for safe keeping or received on the person's behalf specifying:
 - The date deposited or received
 - The date and sum of money or valuable returned
 - The sum used at the request of the person (must include receipts)

Appendix 4 - Notifiable Events

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission of such accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.

Below is a list of events/occurrences which will require notification (this list is not exhaustive). The term incident is used to refer to incidents, accidents and near misses.

- Any incident where harm has occurred.
- Any incident where medical attention was sought.
- Any incident which affects people's well-being e.g., fire, theft, burglary, interruption of power/heat etc.
- Safeguarding/child protection referrals
- Absconding
- Infectious diseases
- All pressure ulcers grade 2 and above (please supply body map) and a separate notification of a deterioration of any previously notified pressure ulcer.
- Referral of employee/volunteer to police or Regulatory Body
- Restrictive physical intervention (The Jersey Care Commission will be notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person or where harm occurred).
- Authorisation of Significant Restriction of Liberty

Notification of Incidents Form

Regulation 21: Notification of incidents, accidents, and other events.

Please complete the form below and email to: notifications@carecommission.je within 2 working days of the incident.

Information about the Registered Care Service			
Registered Provider: (Name and Address)	Registered Manager: (Name and Address)	Location of incident: (Address)	
Information about the person(s) affected by the incident			
Name:	Address:	Telephone:	Email:
Care receiver <input type="checkbox"/>	Care/support worker <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Information about the incident			
Date of incident:	Time of incident:	Location of incident:	
Description of the incident:			
Were there any witnesses to the incident? If yes provide names and contact details:			
Was the person injured? If so describe the injury:			
Was medical treatment provided? Please state where and who by:			
Has any action been taken following incident: (if an investigation is taking place, please state so and send report when complete)			
Name and role of person submitting notification:			
Signature:		Date completed:	

Appendix 5 - Medicines Management

Medicines will be managed in compliance with legislative requirements, professional standards, and best practice guidance.

1. Medication support needs will be identified through assessment.
2. Where appropriate, people should be supported to manage their own medicines, however, if people request or require support other than occasional prompting or assistance with opening medicines bottles etc. then prior written consent, which is retained on file will be obtained from the person, (parent or guardian etc.) for the administration of any prescribed or non-prescribed medicine.
3. Medicines will be administered on time and in strict accordance with the prescriber's instructions, changes to prescriptions must be authorised in writing by the prescriber and a copy of all prescriptions must be kept on file.
4. Written policies for the management of medicines will be up to date, based upon best practice and cover all aspects of medicines management.
5. Responsibilities and systems for the ordering, collection and disposal of medications will be recorded and agreed.
6. The administration of medicines will be undertaken by trained and competent care/support workers who are registered nurses or who have completed an Accredited Level 3 Medication Administration Module (Vocational Qualification). Systems will be in place to review care/support workers competency in the management of medicines on at least an annual basis.
7. There will be systems in place to report adverse drug reactions and any other concerns about medicines to the prescriber.
8. There will be effective incident reporting systems in place for identifying, recording, reporting, analysing, and learning from incidents and near misses involving medicines and medicinal products.
9. Care/support workers will have access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.
10. There will be effective systems in place to audit all aspects of the management of medicines and records will be kept in accordance with legislation and guidance. Documentation should record all medicines received, administered, and disposed of.
11. Systems will be in place to ensure that medicines can be managed safely as per policy prior to the commencement of care.
12. Appropriate risk assessment will be in place for the management of self-administered medicines.
13. Medicines will be prepared immediately prior to their administration from the container in which they are dispensed.
14. Compliance with prescribed medication regimens will be monitored and any omissions or refusals likely to have an adverse effect on the person's health will be reported to the prescriber.
15. The act of administering medication in disguised or covert form should not occur, unless there has been a formal best interest decision made. This must be recorded in the person's personal plan.

16. There will be parameters for the use of 'as required' medicines advised and authorised by health care professionals. A registered nurse will be required to administer or delegate the administration of 'as required' medicines where clinical judgement or a clinical decision is necessary.
17. Systems will be in place for non-prescribed medicines (homely medicines) to ensure that they are managed in accordance with medical advice.