



**Jersey Care Commission**  
**Care Standards**  
**Children and Family Community Nursing**

- 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 are provided, and the outcomes looked for as a result of care and support. They must be read in conjunction with the [Regulation of Care \(Jersey\) 2014 Law](#), the [Children and Young People Law 2022](#) and other legislation relevant to individual standards.

The Standards have been written to:

- promote the safety and wellbeing of children and young people
- show what children, young people and their families should expect from the care they receive
- set out a series of quality statements about what good outcomes look like for children, young people, and their families
- set out what providers of care services must do to meet the expectations of people who use care services and requirements under the Law
- provide a structure that can be used to inspect the care provided.

The Standards have been written in a format which promotes a person-centred approach to all aspects of care.

The content of the Standards was developed by hearing from people in Jersey who receive care and others to establish what matters most and is important to them.

The Standards have also been written to complement existing Jersey wide programmes to improve outcomes for children and young people, such as the [Jersey Children's First](#) standard framework.

In this document, each Standard begins with a clear statement about what children & young people should expect in relation to different aspects of the care service. This is followed by an explanation about what the Standard means to staff members, their managers and children, young people and their families who use the service.

Definitions of the wording used in these Standards can be found in [Appendix 5](#).

## Scope

These Standards apply to all providers of children's care services registered under the [Regulation of Care \(Jersey\) 2014 Law](#). They may be read in conjunction with the 9 other Standards applicable to services for children, young people and their families listed below:

- Adoption Standards
- Child and Adolescent Mental Health Standards
- Child Contact Centre Standards
- Children's Homes Standards
- Children's Social Work Standards
- Fostering Standards
- Independent Reviewing Officers Standards
- Residential Family Centres Standards
- Special Schools Standards

More specifically, these Standards are aimed at any services providing nursing care to mothers with their unborn babies during pregnancy, babies, children, young people and their families in their homes, community clinics, schools, or hospice homecare setting. Settings they apply to include:

- Universal health services such as health visiting and school nursing services and public health immunisation programmes.
- Antenatal and early postnatal support services and initiatives for expectant families provided by Health Visitors and community nurses.
- Specialist paediatric health visiting liaison services.
- Specialist care and treatment for children and young people with long-term conditions, disabilities, multiple or complex needs, and vulnerable children and families, including specialist nursing, and therapy services.
- Children with life-limiting and life-threatening illness, including those requiring palliative and end-of-life care.
- Supporting and providing access to universal health services including health checks and assessments for Children in Public care (Children Looked After).

In addition to the nursing care that is provided, these services have a significant role to play in:

- Maintaining health and wellbeing during pregnancy
- Monitoring and promotion of factors which support child development
- Health promotion and prevention of ill health
- Coordinating care, escalating, and referring children who may have delayed development or complex health needs
- The support of children, young people, and families in vulnerable circumstances
- Identifying and responding to safeguarding concerns and children at risk
- Assessment and referral of children who may have mental health problems
- Providing specialist palliative care, respite, and emotional support
- Facilitating transition arrangements for children into adult services (if required)

Child and Family Community services consist of:

- Health Visiting Service
- Maternal Early Childhood Sustained Home Visiting Programme (MECSH)
- Paediatric Liaison Health Visiting Service
- Baby Steps programme
- UNICEF Baby Friendly Initiative
- Children Looked After (CLA)
- School Nursing
- Specialist School Nursing
- Children Community Nursing Team (CCNT)
- Specialist care packages for children delivered in the home setting (including children with palliative care needs)
- Children and Young People (CYP) Hospice at Home Service

## 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 to promote your independence and decision making.

## **Standard 1: The Service has a clear statement of purpose and set of policies which are accessible to everyone.**

### **What this means to children and young people:**

Children, young people, and their parents are clear about the aims and objectives of the service. They understand the roles of the professionals who work in the service.

### **1.1 There is a written Statement of Purpose.**

This includes information about:

- What the service sets out to do for children, young people, and families (aims and objectives)
- The philosophy or ethos of the service (where this is based upon a theoretical or therapeutic model, a description of that model.)
- Services provided including the types of service provision and the range of care needs supported
- Who provides the service and how to contact the provider
- Who manages the service and how to contact the manager
- The makeup of the management and staff team, including their qualifications and experience
- The address and contact information for the service
- Children and parent's rights and responsibilities (have a voice)
- How children, young people and families are supported in making informed choices around care provision and support
- The organisational structure of the service
- How to access the service, including referral pathways, inclusion, and exclusion criteria
- The governance and quality assurance arrangements for the service
- Details about the legal status of the service (i.e., charity, company etc.)
- How to raise a concern or complaint and the support which is available to do so
- How children, young people and families are included in service provision and how any suggestions, feedback and concerns are considered

The Statement of Purpose is provided to the Jersey Care Commission and is available to:

- Children, young people, their families, and others
- Any person working in the service
- Inspectors appointed by the Jersey Care Commission
- Any person involved in arranging care for children, young people and families.

**1.2 Information for children, young people, their families and others are available and accessible. This clearly explains what the service can do to help and support them. The information includes:**

- Details of care and support services available
- A summary of the statement of purpose
- The aims of the service
- Where specialist care is provided the qualifications of the care/support workers are specified
- Contact details
- Charges and the likely costs
- What to expect from care/support workers
- Children, young people and families' rights
- Any limits or restrictions to the service
- Information about how to stop or change the service
- Complaints and feedback information for both parents and children
- Information about the service's policies and procedures
- Arrangements that are made if for any reason the provider is unable to deliver the services agreed

**1.3 There is a written agreement which states how the service is provided to meet the needs of the person receiving care. It sets out terms and conditions, payment arrangements (where applicable), and arrangements for changing or ending the agreement.**

People who receive care or their representative are fully involved in the development of the written agreement which includes:

- The date the agreement was made
- When the service starts
- How and when the service is provided
- Terms and conditions of service
- Information about how to change or end the service

The person receiving care this could be the child or the adult dependent on the child's age, receives a copy of the signed agreement and can ask for a review of the agreement at any time.

**1.4 There are policies and procedures based on current best practice and evidence, which are available and accessible to children, young people, their families, and others.**

Policies are:

- Developed based upon best practice guidance, evidence, legislation, professional guidance
- Developed with children, young people's and family's involvement
- Child, young person and family focussed

- Shared, implemented, and monitored for effectiveness
- Regularly reviewed by managers, care/support workers, and by people who receive care
- Revised where necessary following incidents/learning events



## **Standard 2: The service is well managed, and the organisation is led effectively.**

### **What this means to children and young people:**

The people who manage the service are professional and have all the right qualifications to do their job properly. The building from which the service runs is safe and welcoming, and the service is financially sound.

### **2.1 Managers of services are confident in their role, possessing the necessary skills and qualifications to lead the organisation effectively.**

Managers can demonstrate a range of critical skills including:

- The ability to benchmark against best practice.
- The ability to ensure appropriate governance and auditing arrangements.
- A proven ability to learn from incidents and significant events.
- Having sufficient oversight of the service.
- Being prepared to escalate areas of concern.

Managers possess a management and leadership qualification or have a plan to obtain one within a three-year period of becoming registered as a manager.

There is robust evidence that the manager provides clear direction to the staff employed in the service and sets the priorities in the service.

The Registered Manager of the service is ultimately responsible for all decisions taken in the service and is able to demonstrate that they have oversight of decision-making.

The Registered Manager ensures that good quality supervision and annual appraisal arrangements are in place and that staff/team meetings are regular, sufficient, and well-organised.

The Registered Manager promotes a supportive team culture, with good communications, and routine commitment to rigorous professional practice.

### **2.2 The service is managed and provided from sound and permanent premises which are suitable for the purpose of operating a service.**

The premises provide a safe working environment for staff and include the provision of private space for confidential meetings involving people who receive care/others and care/support workers.

The premises contain equipment and resources necessary for the efficient and effective management of the service.

The premises where clinical services are provided for children and young people provide an appropriate environment, including infection prevention and control measures.

Data and confidential information are stored securely meeting requirements under the Data Protection (Jersey) Law 2018 and records (listed in [Appendix 1](#)) are available for inspection by the Jersey Care Commission at any time.

### **2.3 There is a management structure in place which includes clear lines of accountability which enable the effective and safe delivery of services.**

The management structure reflects the size of the service and the volume and complexity of care provided. People who receive care, others and care/support workers understand the roles and responsibilities of the management structure and know who to contact under which circumstances.

The provider ensures compliance with the information commissioners requests and requirements.

The provider has an identified Caldicott Guardian role to oversee information governance within the organisation.

Any information/data breaches will be reported to the Commission and information commissioners if required.

The provider ensures that there is a clear escalation policy for concerns out of hours; this may include an on-call service.

### **2.4 There are sound accounting and other financial procedures to ensure the effective and efficient running of the business and its continued financial viability.**

Where appropriate, invoicing systems are linked to the recording of care/support workers arrival and departure times so that accurate calculation can be made of the charges for the service provided.

Registered persons publish their scale of fees including any additional charges not covered by standard rates.

Certified copies of detailed accounts will be provided to the Jersey Care Commission annually.

The Jersey Care Commission is informed of any substantial or imminent risk to the viability of the service and provided with information as requested.

## **2.5 There is adequate insurance cover.**

Appropriate and adequate insurance certificates are displayed at the care service premises and available to the Jersey Care Commission. This includes indemnity cover and general insurance of premises and equipment.

## **2.6 There are contractual arrangements where services are commissioned which include a detailed specification of the requirements of the services commissioned by the commissioning body.**

The contract sets out how registered persons can raise concerns about any deficits in care or risks to people who receive care including:

- Concerns which relate to an insufficiency in the amount or type of care provided or an inability to meet the terms of the contract to meet the needs of people who receive care.
- Concerns which relate to the environment, lack of equipment or other limitations.

Registered persons will inform the Jersey Care Commission of the concerns in addition to the commissioning body.

## **Standard 3: Staff are recruited safely and appropriately supported in their roles.**

### **What this means to children and young people:**

The staff that work with children and young people have been background checked and the service has a detailed knowledge of them. Recruitment processes are fair, and staff are well supported by their managers and the wider organisation.

### **3.1 There is 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 are 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.

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

Application forms or online processes 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 or their relatives.
- Details of referees: References verify employment over a minimum period of three consecutive years immediately prior to the application. A minimum of two references are sought and it is made clear that references from friends or relatives are not accepted. One of the references is the applicant's current or most recent employer (or university course tutor/supervisor if the candidate has recently completed a degree), and there is 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 is informed that the organisation may contact any former employer in addition to the referees provided and that a Disclosure and Barring Service check is required.

All professional registrations are checked with the professional body e.g., NMC

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

### **3.3 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 are able to demonstrate or have the potential to demonstrate.

### **3.4 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.

### **3.5 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 are appropriate for the role being filled. However, a value-based approach is 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 is applied 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 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 include the receipt of an Enhanced Disclosure and Barring Service (DBS) return.

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

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

All staff do 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.

### **3.7 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.

Care/support workers will work no more than 12 hours in a 24-hour period unless there is an overnight break.

Care/support workers may work a shift before and after a sleep-in shift under the condition that they are provided with suitable sleeping arrangements and their sleep is not interrupted on a regular basis. Records are kept and made available to the Jersey Care Commission of any interruptions to a sleeping night shift which include:

- Date
- Time

- Length of time
- Reason

Registered persons review interruptions to a sleep-in shift, taking action to ensure that night-time care is appropriately staffed. Registered persons provide alternative care/support workers to take over where sleep has been interrupted.

Registered persons consider care/support workers additional employment, ensuring that care/support workers who work in other settings do not work more than 48 hours per week (combined and do not work more than 12 hours in 24 unless there is an overnight break).

Where 'live-in' care is provided the registered person uses a formal assessment/dependency scale to determine:

1. Whether live-in care is appropriate
2. The average level and frequency of care intervention and support required
3. The opportunities for care/support workers to have breaks and down time
4. The maximum length of stay for care/support workers

### **3.8 There are clear and transparent disciplinary and grievance procedures.**

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

### **3.9 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 are not included in staffing numbers/requirements.

### **3.10 All staff complete statutory and mandatory training.**

The provider ensures that minimum statutory and mandatory training requirements are up to date for all staff. A list of mandatory training is provided in [Appendix 3](#).

Registered persons identify mandatory training requirements based upon the needs of the children and young people who are 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 is available to all staff including volunteers.

E-learning courses can be a useful part of a blended learning approach to training. The registered person ensures 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 are not used as a substitute where practical skill development is required (i.e., First Aid, Safe Moving and Handling).

All training includes an assessment of learning.

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

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

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

Evidence of training completed, assessment of learning and assessment of competency is stored in care/support worker's personnel files.

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

### **3.11 The registered person ensures 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 requires 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 requires an additional registered qualification. This is specified in the job description and records kept by the employing organisation for inspection by the Commission.

### **3.12 People who receive care are able to raise any issues or concerns about care/support workers.**

There is 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 regularly seeks feedback from people (children, young people, parents, and carers as appropriate) about their care/support workers.

### **3.13 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. Is carried out four times per year and as appropriate to the requirements of the service. Supervision is comprehensively recorded on a designated form, which is 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 are recorded on a designated form. They are outcome based and the objectives are SMART. Appraisals are carried out at least annually.

The provider holds records of staff supervision and casework, and safeguarding supervision is recorded in the care receiver's notes. These records are made available to the Commission on request.

### **3.14 There is a staffing policy which includes:**

- The number of care/support workers required during the day (which may include different requirements for different circumstances)
- The number of care/support workers required during the night and whether they are required to be 'waking' or 'sleeping in' (which may include different requirements for different circumstances)
- Start and finish times
- Arrangements for adequate skill mix
- Arrangements for sickness/absence cover
- Arrangements for managing care/support workers on duty and support with day-to-day decision making
- Arrangements for contacting senior care/support workers/on call support if necessary
- Reference to an escalation policy for raising concerns in relation to staffing levels
- Staff need to declare any other employment that may affect working hours

People who receive care are 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 where appropriate is accredited by a recognised body or organisation and includes relevant local legislation and guidance. Trainers or organisations who deliver training:

- 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.

### **3.15 The registered person ensures that care/support workers are suitably qualified.**

Registered managers have or 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 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 is 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 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 are 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 is 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 checks whether the existing qualification has appeared in previous national (England) legislation or previous minimum standards.

In addition, the registered person establishes 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 are addressed.

The registered person keeps 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 is delivered by care/support workers who hold relevant professional qualifications or a minimum of a relevant Level 2 diploma (or equivalent).

## **Standard 4: Each service has a pathway in relation to access, referral, and transfer to another service.**

### **What this means to children and young people:**

It is clear how children and young people access the service, and which professional needs to support them at different times whilst they're getting support.

#### **4.1 The ways in which referrals can be made into the service and by whom, are clearly defined.**

Each service has a written statement that sets out who can make a referral into the service and how they are able to do this. Some services or programmes have a universal entry or referral process.

Each service has a partnership approach to working with children, young people, and families in order to maximise engagement with and effectiveness of services.

#### **4.2 The methodology associated with processing and triaging referrals is clearly defined.**

Arrangements for processing and triaging referrals is established in a written policy.

An appropriately skilled member of the service triages and delegates referrals to an identified lead professional where appropriate.

If required multiagency referrals are completed and forwarded to the relevant agency.

#### **4.3 There is a smooth transition or referral process across other child and family community services or between primary and secondary care.**

The services work together in partnership to ensure a smooth transition process between different community services and secondary care. Any transfer of care is planned with the child, young person, family and any relevant professional or service involved.

Any appropriate information is shared sensitively and in line with policy and to try to limit unnecessary repetition of information for the child, young person, or family.

Each service involves the child, young person and/or family in this decision and ensures proper support throughout this change.

There is transition planning for young people who are approaching the age for transfer to adult services. This starts before the young person's 16<sup>th</sup> birthday.

## **Standard 5: The child, young person and their family are cared for and supported in a way which has been appropriately planned.**

### **What this means to children and young people:**

Children and young people are fully involved in their assessments, care plans and reviews. These are delivered according to the objectives of the service.

### **5.1 Children, young people and families who receive care are involved in an initial assessment which identifies their preferences needs and wishes.**

The initial assessment is carried out by the registered person or a suitably qualified care/support worker and includes:

- How the person receiving care wishes to be addressed
- The roles of family, siblings, and others
- Cultural and spiritual preferences
- Communication needs
- Social, educational, physical, emotional, or psychological needs
- Personal preferences, interests, and activities
- Goals and aspirations
- Risks

For individuals referred through Health and Community Services, the registered person obtains a summary of the care assessment and a copy of the care plan provided by the referring practitioner.

Assessment processes are detailed and relevant to identify the specific needs and preferences of individuals.

Registered persons ensure proper provision is made for the education and leisure activities for children or young people who receive services and who do not live with a parent.

### **5.2 Registered persons are able to demonstrate that the service is operating in accordance with its Statement of Purpose and only people whose assessed needs can be met are cared for and supported.**

Care/support workers have the skills and experience to deliver the services in accordance with the Statement of Purpose.

The registered person is able to demonstrate the capacity of the service to meet the needs of people care is provided to.

### **5.3 Children, young people and families who receive care are fully involved in developing personal plans which detail how their needs are met based upon their goals, aims and preferences.**

Personal plans:

- fully involve children, young people, parents, and their siblings in assessing care needs
- Identify goals, aims and outcomes
- Detail how the person receiving care wishes to achieve the goals and aims.
- Detail what care/support workers can do to help people achieve the goals and aims
- Be based upon current best practice guidance and evidence
- Ensure personal wishes and choices are respected
- Ensure that consent (this may be adult and young person or child consent) is gained to carry out any care or support
- Include information about any specialist equipment or nursing care that is needed
- Show who are involved in developing and reviewing the plans
- Demonstrate that people understand and know how to change any decisions about their care or support
- Detail how success and outcomes are assessed
- Detail how the care plan is reviewed regularly and when needs change
- Ensure children, young people and families are supported to make informed lifestyle choices affecting their care, health, and well-being
- Ensure there are processes in place to protect human rights, and children, young people and families experience no discrimination
- Ensure there are processes in place to safeguard the child or young person

On occasion specialist advice and support may be provided at the initial point of contact and no further care plan is required. This is recorded in line with policy.

### **5.4 The personal plan is consistent with any plan provided by a health or social care professional (i.e., social worker/nurse). Any inconsistencies are identified and discussed with the person and the relevant health or social care professional.**

Personal plans are monitored regularly to ensure that the requirements of the plan are implemented through care provision.

Registered persons regularly and frequently seek the views of the person (Child or young person if appropriate) on the content, implementation, and review of the personal plan.

Nursing care requirements are determined by registered nurses in an assessment using a range of evidence based and age-appropriate assessment tools. There is appropriate assessment and management of specific nursing needs such as pain management.

Any assessment includes when additional expertise or signposting to other specialist services are required and make objective and appropriate referrals.

Care, treatment, and support are delivered in line with the Standards, Regulations and evidence-based practice accredited initiatives.

**5.5 Assessments and personal plans are regularly reviewed and revised as required, at the request of the child, young person and/or family, and if there is a change in needs or circumstances. The person is fully involved in any review process.**

Care/support workers support people to enable them to express their views about the care and support they receive.

Care/support workers engage with and support people through any reviews or meetings about the care they receive from the service.

The relevant persons are informed if the service is unable to meet the person's assessed care needs.

**5.6 Each child or young person has a care record which is detailed, contemporaneous and relevant to ensure that the person's care, health, safety, and welfare needs are properly documented. Each service has care plans relevant to the care delivery of that service.**

The format of the care records may differ for each service depending on whether the service is universal or more targeted/specialised.

The care record includes the personal plan together with the documentation relating to the assessment of the person's needs. The person has access to their care records and is asked to go through their assessments and care plans as part of review processes.

It is acknowledged that the service is unlikely to maintain care records for parents/families. However, where individual care records e.g., for a mother in receipt of antenatal care, are maintained, these contain detail, which is appropriate, proportionate, contemporaneous and relevant.



**5.7 There are policy and procedures for the management of records that details their use, retention, storage, transfer, disposal, and access in line with legislation and guidance.**

Information is recorded in a way, which is helpful to the person receiving care.

People who receive care and others understand the nature of records maintained and how to access them (if appropriate).

Assessments, personal plans, contemporaneous care records and any other documentation is legible, written with care, attention and is distinguishable between fact, opinion, and third-party information.

There is a system in place to monitor the quality, accuracy and adequacy of record keeping with minimum data requirements clearly identified that relate to the Statement of Purpose and level of care that is provided.

Information held on record is up to date and necessary and is kept confidentially. Information about people who receive care is only shared with those who have a legitimate need to know the information. People who receive care understand who has access to their information, what information is shared and why.

There are effective information sharing agreements that meet legislative requirements between the provider, health and social care authorities and external agencies.

Registered persons ensure that they and others work collaboratively, requesting and sharing information appropriately with other agencies to ensure the health, safety and welfare of people receiving care.

Documentation and information is held securely for the period specified and disposed of in accordance with legislation and guidance.

Care records including assessments and personal records are always available for inspection by the Jersey Care Commission to determine the effectiveness of the assessment, planning, delivery and evaluation of the care or support offered. [Appendix 1](#) has list of records which are made available to the Jersey Care Commission.

Records are made available to the parent and or child if an appropriate access to records request is made.

## **5.8 Care/support workers respect children, young people and families wishes, privacy and confidentiality and always promote dignity.**

There is a policy and procedure on privacy and confidentiality which includes:

- The principles of confidentiality and privacy
- Access to people's records by care/support workers and others.
- Sharing information (including under safeguarding requirements).

Care/support workers promote the mental health and well-being of children, young people, and families in conjunction with mental health professionals, paediatricians, and GP's.

Care/support workers are sensitive to gender issues and people who require support with intimate care are where possible given a choice of who supports them.

Care/support workers who provide intimate care are aged 18 or above.

Care/support workers who support people with intimate or personal care receive appropriate training and are provided with guidance on the provision of such assistance. Guidance includes:

- Boundaries to be observed
- Personal choice
- Consent
- Practical guidance based upon best practice

Care/support workers understand and respect children, young people and families' rights to privacy and confidentiality and are aware of the laws around consent, capacity, and self-determination relevant to the age of the people they support.

## Standard 6: Children, young people, and families feel safe.

### What this means to children and young people:

The staff that work in the service are trained to identify and work with children with whom there are safeguarding concerns. All staff and children in the service are kept safe. Any concerns a staff member has about safety are taken seriously.

### **6.1 There is a safeguarding policy and procedure which is in line with the Jersey Safeguarding Partnership Board Multi-Agency Procedures.**

The safety of children is paramount. Staff are trained to recognise the signs of abuse and harm to children and young people and there are robust policies in place to protect them.

They ensure that concerns and allegations are responded to quickly and appropriately.

Where safeguarding concerns are identified, a referral is made to the Children and Families Hub (01534 519000). The service has a policy in place regarding timescales and action to be taken and where consent is needed. Parents are informed, and their agreement sought, unless to do so would place the child at risk of further harm.

The policy includes:

- Definitions of abuse and neglect
- Training requirements for care/support workers
- Procedures to be followed if abuse or neglect is disclosed, reported, or suspected
- Instructions for care/support workers on action to be taken if an allegation or suspicion of abuse or neglect becomes known to them involving any member of care/support workers, visitor, or manager of the service
- Guidance for care/support workers who are subject to allegations against them which makes clear how senior care/support workers provide information and support to them
- Details of how information is shared with other registered persons, regulatory bodies and law enforcement agencies where required to assist in safeguarding people from harm
- An organisational safeguarding lead for child or adult care receivers

The Registered Person will cooperate fully with any investigations where appropriate.

## **6.2 Care/support workers recognise abuse or the risk of abuse and know what to do if they have concerns.**

All care/support workers:

- are able to recognise signs of abuse
- know what to do if they have a concern
- know how to respond to people who raise concerns
- ensure that the person receiving care is supported through any child protection or safeguarding processes
- ensure children and young people are protected from abuse through clear safeguarding policies and procedures
- know-how and who to report a safeguarding concern
- receive regular safeguarding supervision and training
- are able to discuss individual case management with their line manager
- report any safeguarding concerns to their line manager and/or the safeguarding lead for children or adults
- work in partnership with other agencies to ensure children, young people and families are helped, supported and protected.

## **6.3 People receiving care and care/support workers know what to do if there is a fire or any other emergency.**

There is a fire safety policy in place which includes:

- Fire safety training requirements
- Procedures to follow in a fire
- Fire safety awareness
- The use of medical oxygen
- Risk and prevention

Risks are assessed and updated regularly.

Care/support workers are trained and know how to respond appropriately to emergencies, ensuring that risks to people and others are identified and managed. Buildings that are used by staff or clients have regular fire tests and evacuation exercises in line with legislative requirements.

## **6.4 Accidents and incidents are reported and investigated.**

There is an open and transparent incident policy which identifies who needs to be informed of incidents and under what circumstances.

There is a separate serious untoward incident (SUI's) policy in place and the incident policy details how serious incidents are investigated and learning shared. Learning and safety events investigations are based upon best practice.

Registered persons have a duty of candour and inform any affected people and/or their representative of any unintended or unexpected incident, near miss or event which affects their health or well-being.

The person is supported appropriately following any accident, incident or near miss and is fully involved and aware of any investigative process and findings.

Registered persons notify the Jersey Care Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Jersey Care Commission ([Appendix 4](#)).

Learning from incidents is actioned and monitored where appropriate to help prevent a similar situation from occurring.

Care/support workers are trained in emergency or first aid and there is access to first aid kits.

## **6.5 There is a policy and procedure for the transportation of people receiving care.**

The provider keeps a record of all staffs' driving licenses and insurance in place for business use and this is reviewed annually.

The policy includes:

- Insurance requirements
- Driver requirements
- Vehicle requirements (road worthiness etc.)
- Restraint requirements (seatbelts, height/age-appropriate car seats etc.)
- Individual care requirements (risk assessment, moving and handling, support/care, escorts etc.)

Consideration of people's preferences and needs is given to the signage of vehicles used to transport people and used by care/support workers visiting people at their homes.

## **6.6 The health and safety of people receiving care, care/support workers and others is protected.**

There is a comprehensive health and safety policy and procedure which complies with legislation and best practice guidance and covers:

- Responsibilities for risk assessments
- Maintenance of equipment and appropriate record keeping
- Working practices that are safe, with risks to health and wellbeing assessed and managed appropriately
- The maintenance of a safe and healthy working environment
- Responsibility and procedure for reporting and investigating accidents, incidents and near misses

- Fire safety and prevention
- Carbon monoxide safety
- The provision and wearing of protective clothing/equipment.
- Control of Substances Hazardous to Health (COSHH)
- The handling and disposal of clinical waste
- Reporting procedure for transmittable diseases or infections
- Managing threats, violence, or aggression
- Content of health and safety training
- Lone working
- Water management in prevention of Legionella
- Regulation of water and surface temperature to prevent burns and scalding

The registered persons promote safe and healthy working practices through the provision of information, training, supervision, and monitoring of all care/support workers in the following areas:

- Infection prevention and control
- Moving and handling
- Emergency response
- Accident and incident prevention
- Food hygiene
- Fire safety

There is a designated member of staff to receive and act on health and safety information, alerts, and guidance. Adverse incidents involving medical devices and equipment are reported appropriately.

Appropriate risk assessments are carried out. Findings from risk assessments are recorded and actions taken to reduce and manage risk.

Care/support workers are provided with appropriate protective clothing and equipment suitable for the job, to prevent risk of harm, injury or infection to themselves or others.

## **6.7 The risks of harm to people receiving care and care/support workers is minimised.**

An assessment is undertaken by an appropriately trained and qualified person of the potential risks to people who receive care, care/support workers and others associated with the provision of care and support including, but not limited to the risks associated with:

- Medication
- Moving and handling
- Pressure trauma
- Environment
- Handling finances
- Infection control
- Consent to treatment

The registered person regularly reviews the implementation and effectiveness of actions identified in assessments to reduce risk.

## **6.8 There are procedures to ensure the safety and security of the home.**

There are clear protocols in relation to the entering of people's homes. Care/support workers do not hold keys to people's homes unless it has been specified and agreed within the personal plan.

All care/support workers carry photographic identification which displays the organisation and their name.

There are clear agreed ways to identify care/support workers for people with communication difficulties.

Care/support workers do not take any unauthorised person (including children and pets) into people's homes without the permission of the person receiving care and/or their representative and the registered person.

## **6.9 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 are not ordinarily 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 are 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 investigate 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



## **Standard 7: Children and young people can make or are supported to make choices appropriate to age and ability.**

### **What this means to children and young people:**

Information is accessible and tailored to children and young people's age and ability. Staff respect diversity at all times.

#### **7.1 Children, young people and families who receive care are provided with information in a format and level that meets their individual communication needs, to make informed decisions about their care or support.**

Children, young people, and families are presented with information that is based upon current best practice and evidence to enable them to make informed choices. Children and Young People are provided with information in a format which is easy to understand and is age appropriate.

People's right to refuse care or support is taken into consideration. Registered persons have processes in place to ensure that the person is aware of and understands the implications or risks of their decision, a record is kept of the information provided and discussions held. There are escalation procedures where necessary and where appropriate, with the consent of the person, relevant parties will be informed.

Registered persons and care/support workers are always compliant with the Capacity and Self Determination (Jersey) Law 2016 and relevant legislation in respect of people's rights, consent, and decision-making. Staff are aware of and understand the United Nations Convention on the Rights of the Child. The provider ensures there are governance arrangements in place for children and young people consenting to treatment.

#### **7.2 Children, young people and families who receive care are supported, enabled, and empowered to be as independent and autonomous as practicable.**

People are supported to manage their own care or treatment where this is appropriate.

People's health and wellbeing is promoted and quality of life optimised whilst living with a life limiting or life-threatening illness.

People are encouraged to maintain independence and are always be supported to enable self-care. Positive risk taking is considered as part of person-centred care planning. This identifies what people can do to support themselves and when and how care/support workers can help them to meet their needs.

**7.3 Care/support workers maintain people's welfare and promote their wellbeing by taking account of their needs and being aware of social, cultural, and religious beliefs or faith.**

Care/support workers:

- Respect people's individuality and diversity.
- Promote equal opportunities and inclusion.
- Not discriminate or condone discrimination.
- Be aware of any implications of people's social, cultural, and religious beliefs or faith.
- Support people so they can practice their beliefs.
- Respect people's domestic routines.

Care/support workers understand the needs of people from minority ethnic and cultural groups and specialist advice to support effective service delivery is sought if necessary.

**7.4 If care/support workers are involved in preparing food, meals and snacks reflect people's choices and preferences and meet their nutrition/hydration needs.**

Care/support workers:

- Are appropriately trained in the handling and storage of food
- Are aware of any specific dietary requirements
- Provide appetising food and drinks that contribute to a healthy balanced diet
- Ensure people receive support with positioning and equipment to help take food and drinks
- Provide food/drinks at the right consistency if people have any difficulties swallowing
- Are able to identify if people are at risk of malnutrition/dehydration and contact (with consent) or help people to contact a relevant health care professional for advice.
- Review 'use by dates' and promote health and safety.

## **Standard 8: Children and young people are provided with consistency and reliability by competent care and support workers who have the necessary training and qualifications to meet their needs.**

### **What this means to children and young people:**

Staff are competent, professional, well supported and well trained. Where possible there is the same member of staff working with an individual child or young person.

The requirements and expectations relating to staff training are detailed in [Appendix 3](#).

### **8.1 Children, young people and families receiving care know who to expect and when.**

Care/support is planned to ensure continuity of care. The person receiving care are provided with a list of workers or named professional who are providing care/support to them.

The person receiving care receives a copy of staffing arrangements in advance, so that they know who to expect and when.

Care/support workers are introduced to the person before attending for the first time.

Where unavoidable changes to the planned staffing arrangements occur, the person receiving care is informed in advance when possible.

### **8.2 There are systems in place to ensure visits are punctual and not missed.**

There is a system in place to ensure if an employee/volunteer is unavoidably delayed the client is informed promptly. The provider has a system in place to ensure that visits are not missed.

### **8.3 Care/support workers are appropriately trained and competent to meet the health, wellbeing and the holistic needs of the children, young people and families receiving care.**

Care/support workers respond appropriately to people who are not feeling well physically or emotionally in a caring and compassionate manner.

Care/support workers know when and how they need to escalate any concerns about a person's health or wellbeing to the appropriate health/social care practitioner or service.

This includes deteriorating health and wellbeing and medical emergencies using approved assessment tools for example a paediatric early warning tool such as the paediatric early warning system (PEWS) or an accredited pain assessment tool.

Care/support workers are trained in emergency responses or first aid and have access to first aid kits. Accidents are recorded as stipulated in the incident/accident policy and procedure.

People with health needs or a disability including physical or sensory impairment or learning disabilities are provided with appropriate support and care by care/support workers with the appropriate training and qualifications.

People with a life limiting or life-threatening illness are provided with appropriate support and care by care/support workers with the appropriate training and qualifications.

Care/support workers are trained in infection prevention and control, emergency or first aid and how to deal with a spillage of blood or bodily fluid and how to recognise the symptoms of infections and communicable diseases.

Care/support workers promote the good health of children, young people and families and take appropriate infection control measures to prevent the spread of infection.

Opportunities are provided for care/support workers to update their knowledge and skills as well as for more advanced and specialised training to meet the needs of the people they are caring for.

Care/support workers receive support to update and maintain their professional qualifications through continuing professional development and any regulatory body requirements.

#### **8.4 Care/support workers do not work outside of the scope of their profession, competence, or job description.**

Care/support workers always adhere to any code, standards or guidance issued by any relevant professional body.

Care/support workers are honest about what they can do, recognising their abilities and the limitations of their competence.

Job descriptions detail specific duties and responsibilities including where appropriate delegation roles and responsibilities.

Care/support workers only carry out or delegate tasks agreed in job descriptions and in which they are competent. Delegated tasks remain under the accountability of a qualified nurse.

Depending on the setting, care/support workers who do not hold relevant professional qualifications may be required to carry out tasks or skills which might have traditionally been carried out by health or social care professionals or may require further training and assessment.

Some skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (e.g., vocational training module) and assessment of competence carried out by the delegating professional (e.g., percutaneous endoscopic gastrostomy (PEG) feeds).

Some skills and tasks may be performed by care/support workers who have completed additional specific training and assessment under the direction/agreement of a health or social care professional.

Some extended skills and tasks may be performed by care/support workers who have completed additional training and have been assessed as competent by their manager/assessor (e.g., insertion of hearing aids).

Care/support workers are able to refuse to undertake any skill or task if they do not feel competent to perform it.

#### **8.5 People have access to any equipment or devices which may be required to meet their health, wellbeing, or physical needs.**

Care/support workers are trained and competent in the use of any equipment needed to meet the health, wellbeing, physical and sensory needs of people who receive care.

There is an equipment and devices policy and procedure which identifies responsibilities for maintenance and checks which are recorded within the person's personal plan.

The provider holds an asset register that identifies any equipment owned by the organisation and the maintenance programme that relates to it.

#### **8.6 There is a policy and procedure to ensure that people receive any medications they require or are prescribed safely and effectively.**

People's initial assessment or referral from a health or social care professional identifies whether a person requires support with medicines. People are supported to manage their own medications with appropriate risk assessment. If people require more than occasional prompting or physical support (i.e., opening medicine bottles) to ensure they received the right medicines at the right time, then this is viewed as a requirement for medication administration by a care/support worker.

Medicines are only to be administered by care/support workers who have completed appropriate training and/or have a relevant professional qualification and have been assessed as competent to administer medicines on at least an annual basis.

The administration of any medicine by care/support workers is recorded and signed on a Medication Administration Record (MAR) chart, which are written/produced by the prescriber or pharmacist (transcribing unless in exceptional circumstances is not permitted).

Where care/support workers are required to administer medications, arrangements are made to ensure that a valid prescription is obtained in advance of the commencement of care so that the correct medication is in place with the relevant MAR charts.

Any non-medical prescribers hold the relevant additional qualifications and only prescribe and administer drugs on the agreed formulary.

### **8.7 Medicines are managed in compliance with legislative requirements, professional standards, and best practice guidelines.**

Medication management requirements are detailed in [Appendix 6](#).

## **Standard 9: Children and young people's thoughts, worries and complaints about how they are cared for are listened to and taken seriously.**

### **What this means to children and young people:**

Children and young people's views on the service, whether positive or negative, are listened to and responded to.

#### **9.1 Feedback on how the service operates is responded to positively.**

People who receive care and others (i.e., families, carers, professionals etc.) are encouraged and supported to provide feedback about the service regularly and frequently. Feedback and actions taken as a result are recorded.

Feedback where appropriate is sought to include the voice of the child or young person in addition to their parents, and or carer.

#### **9.2 There is a complaints policy and procedure.**

People who receive care are provided with a copy of the complaints policy and procedure, in a suitable format to meet people's individual communication needs.

The complaints policy is made available to others (i.e., families, health/social care professionals).

There is a separate complaints process for both adults and children and young people as service users and this is recommended as best practice by the children's commissioner for Jersey.

People know and feel able to complain if they are unhappy with any aspect of their care. Contact cards and other means of raising issues and complaints are easily available and accessible.

People who receive care and others are assured that raising a complaint will not result in them being treated unfavourably.

People who receive care and others are assured that details of their complaint will not be widely shared beyond those who need to know.

People are supported and kept informed throughout the complaints process.

The complaints procedure sets out the investigative process within specified timescales for action. Complaints are responded to within a maximum of 28 days.

A written record of the complaint is stored, and a record is kept of all communication with complainants, the results of investigations, action taken and the level of a complainant's satisfaction with the outcome.

People are encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.

People are informed of how to contact the Jersey Care Commission if they are unhappy with the outcome of a complaint or if they have any serious concerns.

A systematic audit of complaints is carried out to identify recurring issues. There are mechanisms in place to use the information gained to improve the quality of the service.



## **Standard 10: The service is checked and reviewed regularly to ensure that the quality-of-service provision remains high.**

### **What this means to children and young people:**

The service is well managed with the right systems in place to meet government guidelines, and for improvement where needed.

### **10.1 There is a coherent and integrated organisational and governance framework in respect of child and family services.**

This is appropriate to the needs, size, and complexity of the service.

There are clear lines of professional and corporate accountability which assure the effective delivery of the service. This also includes performance management and reporting.

### **10.2 There are systems in place to discharge, monitor and report on the delivery of its functions in line with legislative requirements, standards, and guidance.**

There are structures and processes to support, review, and action governance arrangements for care services. This includes but is not limited to:

- Corporate
- Financial
- Health and safety
- Social care
- Health/clinical care
- Information management
- Safeguarding

Registered persons establish a system to regularly review the quality of services and where necessary make improvements on at least a quarterly basis. As part of the review people who receive care, their representatives, care/support workers and others are consulted. Complaints, investigation, and feedback are taken into account into a report which is published and made available to the Jersey Care Commission, people who receive care, their representatives and anyone else who requests it.

In care services where the registered manager is not the registered provider, the registered provider arranges for a representative to report monthly on the quality of care provided and compliance with registration requirements, standards, and regulations. These reports are shared with the registered manager and are available for inspection by the Jersey Care Commission.

### **10.3 There are systems for identifying escalating risks to service provision and management structures in place to effectively respond to identified risks.**

There are policies and procedures in place to prevent, identify, manage, and review adverse incidents to prevent reoccurrence and assure learning across the service. A list of policies is provided in [Appendix 2](#).

There is a system for identifying, managing, reducing, and mitigating risk, which is reviewed on a regular basis.

There is a workforce strategy that clarifies structure, function, roles, and responsibilities of care/support workers.

Each care/support member is fully aware of, supported and trained to fulfil their responsibilities within the governance arrangements.

There are effective human resource policies and procedures in place to ensure the workforce planning, skill mix, recruitment, training, supervision, and development opportunities to deliver the service in compliance with legislation, standards and guidance.

There are systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made across the service in a timely manner.

There are planned responses to a range of foreseeable crises (e.g., outbreaks of illness, fires, extreme weather, utilities outages, serious allegations, significant accidents, staffing shortages, and control problems within or outside the accommodation). That are supported by a business continuity or contingency plan.

### **10.4 There are systems in place to monitor, audit and review the quality of care within the service.**

There is evidence of regular audit activity undertaken by the service.

The findings of such activities are acted upon and disseminated across the service.

There are feedback mechanisms in place which integrate the views of people who receive care, relatives, carers and care/support workers into the evaluation and review of the quality of care. This is informed by research and relevant evidence bases that guide good practice in the sector.

There are regular reports on governance arrangements and ongoing continuous improvement within the service, including any recommendations made by the Commission.

**10.5 There are systems in place to monitor and evaluate the performance of the service against its Statement of Purpose and for regular reviewing of the statement.**

- Care/support workers are involved in the systematic evaluation and discussion of their work.
- People who receive care, relatives, carers, and care/support workers have the opportunity to contribute to evaluation.
- Evaluation is continuous and does take account of relevant national and local advice and guidance.
- Care/support workers have clear plans for maintaining and improving services.
- Information is produced for people who receive care and others outlining the performance of the home care service.

**10.6 There is a written development plan for the future of the service.**

The plan will either identify any planned changes in the operation or resources of the service or confirm continuation of the service's current operation and resources. It is to include an evaluation of operations and resources and be reviewed annually.

The development of any future services are undertaken and co- produced with service users. The voice of the child and young person are considered.

The service strives for continuous learning, improvement, and innovation.

## **Standard 11: The rights of children and young people using the service are fully upheld and properly respected.**

### **What this means to children and young people:**

All children and young people have the same rights, and this also applies to those in this service, for example children being able to view their own records, provide consent where appropriate, as well as be listened to and have their views acted upon where possible.

### **11.1 Children, young people and their parents/carers views, wishes and feelings are acted upon.**

Children's wishes and feelings are sought and considered in respect of their health care, according to their understanding. The service ensures that children and young people have a voice in matters concerning the provision of care. Where appropriate staff and parents fulfil an advocacy role.

The views of the child, the child's family, paediatrician, and other relevant professionals are sought regularly on the child or young person's care.

Children and young people understand how their views have been considered and where significant wishes are not acted upon; they are supported to understand why.

### **11.2 The rights of children and young people are respected.**

Every child or young person is supported to understand and uphold their rights and are as involved as they can be in agreeing and reviewing any restrictions to their independence, control, and choice.

The best interests of children and young people are a top priority in all decisions and actions affecting the child.

Every child or young person has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously. This applies to every child without discrimination.

Every child or young person is recognised as an expert in their own experiences, needs and wishes.

Every child or young person is supported to discuss significant changes in their life, including death or dying, and for this to be handled sensitively.

If appropriate, the child or young person are able to choose where they wish to die.

Nursing and care staff receive specialist training to ensure that they have the skills and knowledge to deal with the child, young person, their siblings and family in a sensitive and appropriate way, ensuring that the voice of the child or young person is heard. This also includes training on 'having difficult conversations'.

### **11.3 There is a Consent policy and consent to care and treatment is in line with legislation and guidance.**

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, either directly where they are judged to be Gillick competent or from a person with parental responsibility where the child cannot give or withhold consent.

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

Staff are appropriately trained in this area and confidentiality and ensure that the service's consent policies/processes are followed in line with current/national legislation and to be able to provide support to children and young people and their parents.



## Appendix 1: List of Records

Information and documents which must be made available at all times to the Jersey Care Commission, if applicable:

### GENERAL REQUIREMENTS

- Statement of purpose
- Children's guide
- Policies and procedures
- Staff contingent
- Food records (menus and additional food prepared).
- Quality assurance and service reports
- Independent visitor monthly reports
- Feedback and complaints (including outcomes and actions taken)
- Insurance certificates
- Meeting agendas and minutes (staff, care receivers, relatives etc.)
- Visitor's register
- Recordings of all referrals, initial assessments, support plans 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 and contracts
- Inventory of belongings on admission
- Behaviour Management Incidents register

## **STAFF RECORDS**

- Application information
- Job descriptions, person specifications
- Interview records and 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 and leave

## **HEALTH AND SAFETY RECORDS**

- Incident, accident and near miss reports and investigations
- Safeguarding alerts, investigation and 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
- Hydrotherapy pool checks and maintenance (water, chemical, temperature etc.)
- Cleaning records
- Infection, prevention and control records (decontamination records, certificates etc.)
- CCTV and 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 and room temperatures (where medications are stored)
- Medication errors and 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 2: List of Policies

Below is a list of policies and procedures associated with the Standards. It is not an exhaustive list, and some may not be appropriate to all settings.

Absence of the manager  
Access to bedrooms  
Access to personal files and other records  
Accessibility  
Accidents – reporting, recording and notification  
Accounting and financial arrangements  
Administration of finance (petty cash) and allowances  
Admission, discharge and transition from the service  
Alcohol, drugs and misuse of substances  
Anti-bullying  
Assessment  
Care practices  
Child Sexual Exploitation  
Children missing from care  
Children and young people visiting friends  
Children and young people’s meetings  
Clinical waste disposal  
Clothing and personal requisites  
Complaints and representations  
Computer use, social media and internet safety  
Confidentiality  
Contact between children and young people, their family members and others  
Countering racism and discrimination  
Criminal Exploitation and gangs  
E-Safety  
Education and training  
Employment of resident children and young people  
Equality and diversity  
Extra-curricular activities  
Fire safety  
First aid  
Food Hygiene and nutrition  
Gender, sexuality and personal relationships  
Harassment  
Health and safety  
HIV and AIDS awareness  
Holidays for children and young people  
Implementation of placement plans  
Independent visitor  
Infection control  
Information sharing  
Inspections  
Insurance  
Intimate care

Involving children and young people in decisions making  
Key working  
Keys for children and young person's rooms  
Leisure activities, sports, and other activities  
Management of medicines  
Management of records  
Managing allegations  
Managing behaviour, aggression, and violence  
Menu planning  
Mobile phones  
Moving and handling  
Night supervision  
Notification of events  
Occupational health arrangements  
On-call arrangements  
Permissible sanctions  
Personal expenses allowances and pocket money  
Personal possessions – security and insurance  
Physical contact by staff with children and young people  
Physical restraint  
Placement planning and delegated authority  
Placement plans  
Preventing extremism and radicalisation  
Privacy for children and young people  
Promoting good health  
Promoting social and life skills  
Quality improvement  
Recording and record keeping  
Repairs and maintenance  
Responding to allegations or suspicions of abuse  
Reviews  
Risk management  
Safe and healthy working practices  
Safe recruitment  
Safeguarding  
Searching children and young person's rooms or belongings  
Security of and in the accommodation  
Self-harm policy  
Sleeping arrangements and bedtimes  
Smoking  
Spending one to one time with children  
Staff absent from work  
Staff contact with children and young people  
Staff disciplinary and grievance procedures  
Staff handovers  
Staff induction  
Staff meetings  
Staff rotas, shift management and on-call arrangements  
Staff supervision and appraisal  
Staff training and development

Staffing the service  
Transport, provision, and use  
Visitors  
Volunteers  
Whistleblowing  
Working with parents, family members and significant other

## Appendix 3: Minimum Statutory and Mandatory Training Requirements

Registered persons will identify mandatory training requirements based upon the needs of the children and young people who are cared for. This will be in line with the written Statement of Purpose.

Statutory and mandatory training (All care and support workers)		Location, person, risk specific
Health and Safety	Moving and Handling	Learning disabilities
Communication	Fire safety	Mental Health
Equality, diversity, and human rights	Emergency response	Capacity and Self Determination (age 16+)
Learning disabilities, mental health	Infection control	United Nations Convention on the Rights of the Child
Data Protection	Safeguarding	End of life care
Food Hygiene	Child development	Conflict resolution

Location, person and risk specific training requirements are dependent on the needs of the children and young people accommodated.

Whilst basic learning disabilities and mental health training is mandatory for all care and support workers in children's residential settings (and covered in the Care Certificate), additional specialised training is required for care and support workers who directly care or support children and young people with learning disabilities and/or mental health issues or end of life care.

This additional training should be at the appropriate level identified through local or national guidance (e.g., Gold Standards Framework, Skills for Health Core Skills Education and Training Frameworks).

## 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 within 48 hours 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 or occurrences which will require notification (this list is not exhaustive and some might not apply to your service). The term incident is used to refer to incidents, accidents and near misses.

- Missing
- Unregulated activity
  - Unregulated placement
  - Unregulated children's home
- Events that impact the service
  - Notifiable Infectious diseases
  - Damage to premises
  - Fire
  - Safety equipment
  - Theft
  - Burglary
  - Staffing levels
  - Disruption to utilities
- Serious incident or accident where harm has occurred
  - A child or young person being a victim or perpetrator of a serious assault
  - An incident of self-harm to a child or young person
  - An incident where a child or young person exhibits harmful sexualised behaviour
  - Incident where medical attention was sought
  - Safeguarding / child protection concerns
  - A child / young person who is suspected or known to be involved in or subject to exploitation
  - Medication error
- Restrictive physical intervention
- An incident requiring police involvement
- Death of a child or young person
- Allegation against staff member / volunteer or care receiver within your service

**Note \*:** These notifiable events do not apply to 18 to 21 year olds

## Appendix 5: Definitions

**NOTE – not all of these definitions have been referred to in the standard above, but they are a consistent set that apply to all Standards.**

**Adopted child** is a child or young person who has been legally made the son or daughter of someone other than their biological parent.

**Adopter** is a person who takes on the legal responsibilities of a parent of a child or young person which is not the person's biological child.

**Adoption Panel** is an independent panel that makes a recommendation to the Agency decision Maker regarding applications to become adopters. The panel also makes recommendations regarding to permanence decisions for children and young people.

**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

**Agency Decision Maker (ADM)** is the person who makes the decisions as to whether the proposed care plan for adoption, early permanence and foster to adopt and permanent fostering is the right decision for the child or young person. They also approve prospective adopters.

**Article 42 Assessment** is led by Children's social care where a child protection enquiry has been raised suggesting that a child or young person may have experienced or is at risk of experiencing significant harm.

**Caldicott Principles** are that all use of confidential information is lawful. All those handling confidential information are responsible for ensuring that their use of and access to that information complies with legal requirements set out in statute and under the common law.

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

**Care leaver** is an individual aged 16 years up to (but not including) the age of 25 years who has been looked after by the Minister for a minimum period of 13 weeks, whether in aggregate or consecutively, from the age of 14 up to (but not including) the age of 18 years; or an individual who is of such description as the Minister may by Order specify, and who at any time before the age of 18 years was looked after by the Minister but ceased to be so looked after before that age.

**Care Plan** is a document that details the permanence plan for the child or young person alongside how their overall needs are met.

**Care and support worker** relates to any person employed, volunteering or on work placement including health or social care professionals who provide care or support

to people receiving care services which are registered under the Regulation of Care (Jersey) 2014 Law.

**Child Contact Centre** is defined as a service providing premises for facilitating contact between a child and any of the following persons who do not live with that child:

- (a) the child's mother or father
- (b) a relative (as defined by the Children Law), or
- (c) a friend.

**Child** for the purposes of these Standards, a child is differentiated from a young person and is defined as a person aged 0-14 years.

**Child Permanence Report (CPR)** is a report that details a child or young person's journey from birth to a decision regarding permanence. The CPR includes the reason why a child or young person was permanently removed from their birth parents(s) as well as background information about their parents.

**Connected person foster carer** is defined as "A relative, friend or other person connected with a child. The latter is someone who would not fit the term 'relative or friend', but who has a pre-existing relationship with the child.

**Core Group** is a Core Group of key practitioners and family members. The meeting is normally chaired by a Team Manager and the role of the group is to develop the outline plan made at the end of a child protection conference.

**Delegated Authority** is a mechanism where certain day-to-day decision making can be given to foster carers to ensure that they can meet the immediate needs of children and young people in their care. The delegated authority is given by those who hold parental responsibility for the child or young person and is contained in a written document.

**Disclosure and Barring Service (DBS)** helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children.

**Disruption Meeting** is convened for a child whose long-term fostering home or residential home ends abruptly or on an unplanned basis.

**Duty of Candour** relates to the registered person's responsibility to tell the person (or, where appropriate, their advocate, carer or family) when something has gone wrong. apologise to the person (or, where appropriate, their advocate, carer or family) offer an appropriate remedy or support to put matters right (if possible)

**Feedback** is the Government of Jersey's on-line portal for making compliments, complaints, comments and suggestions about government services children, young people and adult's access.

**Foster carer agreement** is the written agreement made between the foster carer and the fostering service when they are approved. It sets out the fostering service's expectations of the foster carer and what support and training the foster carer can expect.



**Foster carer** is a person who provides a home environment for a child or young person whether on a short-term or long-term basis.

**Fostering Panel** is a meeting held to consider an applicant's: request to become a foster carer or, continued approval after their first year of fostering, or where there are practice issues or, de-registration if there are concerns about their practice.

**Freeing Order** is an order that discharges parental responsibility from birth parents or those holding parental responsibility and is granted by the Royal Court of Jersey as part of care proceedings.

**Hague Convention on intercountry adoption** provides safeguards for children and families involved in adoptions between participating countries and also works to prevent the abduction, sale, or trafficking of children.

**Health and 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 or doctor).

**Health Assessment** is completed by a suitably qualified medical professional or health practitioner and outlines the health needs of a child or young person in the care of the Minister. The health assessment forms part of the care plan for a looked after child. Additionally, the plan outlines any health service, medication, advice, or support that may be required to ensure that the child or young person experiences good health, including good emotional health.

**Independent Reviewing Officer** a social worker who has sufficient relevant social work experience with children and families to perform the functions of an independent reviewing officer in an independent manner and having regard to the best interests of children in care. The independent reviewing officers chair child protection conferences, children looked after reviews, provide independent oversight and scrutiny of wellbeing plans, and (in regard to care leavers), the Pathway Plan. The independent reviewing officer holds oversight and progress of the plan and provides support and challenge to children's social care and other services supporting the child, young person and their family.

**Initial Child Protection Conference** is an initial child protection conference (ICPC). It is a meeting that is held when agencies believe that a child may be at risk of significant harm or if a child has suffered significant harm. The aim of the conference is for the family and professionals to meet and share information with each other about the risks and the strengths. They will then consider and decide, with the family and where appropriate the children and young people, what will ensure the safety and wellbeing of the children and young people where these concerns exist.

**Intercountry adoption** recognizes that intercountry adoption may offer the advantage of a permanent family to a child for whom a suitable family cannot be found in his or her state of origin

**Intermediary Service** specialist service that's provided by a registered Adoption Agency who can make an approach to a birth relative to let them know of your interest in making contact.

**Jersey Designated Officer (JDO)** is the person who is notified when it has been alleged that a professional, volunteer or prospective adopter who works with or cares for children is suspected of causing harm to a child or young person.

**JFCAS** is the Jersey Family Court Advisory Service

**Looked After Child** A child or young person under the age of 18 years of age who is in the care of the Minister, through being in need of care and protection and through an interim care order or care order issued by the court under Article 24 or 30, or through a voluntary arrangement with the child or young person's parent under Article 17 of the Children (Jersey) Law 2002 or a child who has been or authorised as being placed with prospective adopters under Article 17.

**NACCC** is the National Association of Child Contact Centres [Child Contact Centres - NACCC](#)

**Nursing care** means services that by reason of their nature and circumstances, including the need for clinical judgement, should be provided by a nurse including:

**Panel Advisor** provides advice to the adoption and permanence panel or the fostering panel regarding procedural matters and in relation to application to become approved adopters, to foster or for existing carers at their review stage.

**Parental responsibility** means those who have legal responsibility for a Child and who are entitled to receive relevant information concerning the Child whether or not they are the parent unless a court order has been made to the contrary.

**Pathway Plan** The pathway plan is a wellbeing plan that is completed with children and young people after their 16<sup>th</sup> birthday where they are eligible for a leaving care service. This plan replaces the care plan, outlining the young person's current circumstances and planning for the time when they leave care, outlining their goals and aspirations and what advice and support is required to ensure children and young people reach their potential.

**Permanence Plan** This is a plan that is considered where children are in the care of the Minister. A permanency plan considers the types of arrangements that can be considered for children and young people. This includes a potential return to parents, the child or young person being cared for by connected persons or extended family, the child or young person being adopted, living in foster care with an identified family or within a children's home. Permanence plans always consider long term planning arrangements to allow children and young people to build and maintain relationships and provide stability.

**Personal advisor** is a person who provides advice and support to young people who are care leavers from the age of 16 through to the age of 21, but potentially up to the age of (but not including) 25. Personal Advisor continue to support the young person alongside the social worker whilst the young person is in care or up to the age of 18.

**Personal care** means assistance in daily living that does not need to be provided by a nurse being: Practical assistance with personal tasks such as eating, washing, and dressing or prompting a person to perform daily tasks.

**Personal Education Plans (PEP)** are part of the statutory care plans for protected children and are a legal requirement. The Personal Education Plan reflects any existing education plans, such as an education or individual education plan.

**Personal support** includes supervision, guidance and other support in daily living that is provided as part of a support programme.

**Placement Plan** is a document that details how the needs the child or young person will be met and by whom in relation to their likes, dislikes, developmental needs, health, and arrangements in respect of contact with parents, birth family and significant others.

**Preparing for adult transition plans** are developed for young people with special educational needs or a disability regarding their transition from a teenager to being an adult, and from moving on from children's services to adult services.

**Primary School** means a school which provides full-time education to children compulsory school age who have not attained the age of 12 years.

**Prospective adopter** is a person who is intending to adopt a child or young person and is either undergoing the appropriate assessment process or is awaiting an appropriate match.

**Prospective foster carer** is a person who has been through the enquiry and initial training process and has lodged an application to become a foster carer with the fostering service.

**Protected Placement** is where the Royal Court has granted a freeing order and Parental Responsibility is passed to the Minister who discharges that power to Children and young people's Social Care Services.

**Pupil premium** is funding to improve education outcomes for disadvantaged pupils in schools in Jersey.

**Reflective Supervision** is the thought process where individuals consider their experiences to gain insights about their whole practice. Reflection supports individuals to continually improve the way they work or the quality of care they give to people.

**Registered Person** has legal responsibilities in relation to the role. A Registered Manager shares the legal responsibility for meeting the requirements of the relevant regulations and enactments with the provider.

**Residential Family Centre** is defined as a service providing premises for facilitating the assessment of parents' capacity to care for their children successfully and safely, in a residential setting.

**Review Child Protection Conference** is held after a child has been made subject to a Child Protection Plan at an Initial Child Protection Conference. The purpose of the Review Child Protection Conference is to review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review progress against Child Protection Plan outcomes and to consider whether the Child Protection Plan should continue, be updated or end.

**Safe Care Plans** enable foster carers to demonstrate how they propose to make their home as safe as is reasonably practical, both emotionally and physically, for both the carer and their family, and for any child placed. The Safe Care Plan provides a 'map' of family routines and rules.

**School** means any institution providing full or part-time education.

**Secondary school** means a school which provides full-time education suitable to children who have attained the age of 12 years.

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

**Social worker** relates to a professional with a designated social work qualification who is registered both with Social Work England (SWE) and the Jersey Care Commission ('the Commission').

**Special educational needs, special educational provision and special school** should each be defined in accordance with Article 4 of the Education (Jersey) Law 1999.

**Staying put** arrangements is where a young person who has been living in foster care remains in the former foster home after the age of 18.

**Stepparent adoption** is an adoption where a married couple adopts their spouse's own child born during a previous relationship.

**Strategy Discussion.** This is a strategy discussion and is also sometimes called a strategy meeting. It takes place between a social worker and other agencies when they are worried a child may be suffering significant harm or if they suspect a child is likely to suffer significant harm.

**Supervised contact** is used when it has been determined that a child has suffered or is at risk of suffering harm during contact. Referrals are usually made by a Court, JFCAS Officer, Health Visitor or Social Worker. Children always remain within sight and sound of staff (unless otherwise previously agreed), reports are written, and direct observations are made.

**Supervising Social Worker** has the same qualification registration requirements of a social worker; however, their principal role is to ensure that children and young people are safeguarded whilst in a protected placement and that foster carers are supported and trained to provide the high level of care children and young people require.

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

**Supported contact** is suitable for families where no significant risk to the child or others has been identified. It can be offered in various community locations and is run by trained and checked out volunteers who give everyone a warm welcome and to

make the visit as beneficial and enjoyable as possible for the children and the adults. They can also support with handover arrangements.

**Training, Support and Development Standards** provide a national minimum benchmark that set out what all foster carers should know, understand and be able to do within the first 12 months of approval.

**Young person** for the purposes of these Standards, a young person is differentiated from a child and is defined as a person aged between 14 and 25 years.

## Appendix 6: Medicines Management

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

1. Medication support needs are identified through assessment.
2. Facilities and equipment for the storage of medicines will meet the following requirements:
  - There will be an identified room for storing medicines and medicinal products that is secure.
  - Standards modular cupboards conforming to British Standards will be provided for the secure storage of medicines. Where necessary there will be suitable lockable trolleys to prevent unauthorised access to medicines whilst they are being administered.
  - Controlled Drugs administered by care/support workers must be stored in a metal cupboard which complies with the Misuse of Drugs (Safe Custody) (Jersey) Order 1981. This includes the use of a heavy gauge metal cabinet with a double locking mechanism.
  - Sufficient space will be provided to store, access and administer medicines safely.
  - There will be easy access to hand washing facilities.
  - Provision will be made for medicines to be stored under optimum environmental conditions (temperature, lighting etc.).
  - Provision will be made for children and young people who self-administer medicines to have a lockable drawer or cupboard in which to store them.
3. Medicines are administered on time and in strict accordance with the prescriber's instructions, changes to prescriptions are authorised in writing by the prescriber and a copy of all prescriptions are kept on file.
4. Written policies for the management of medicines are 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 are recorded and agreed.
6. The administration of medicines is 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 are in place to review care/support workers competency in the management of medicines on at least an annual basis.
7. There are systems in place to report adverse drug reactions and any other concerns about medicines to the prescriber.
8. There are 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 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 are effective systems in place to audit all aspects of the management of medicines and records are kept in accordance with legislation and guidance. Documentation records all medicines received, administered, and disposed of.
11. Systems are in place to ensure that medicines can be managed safely as per policy prior to the commencement of care.
12. Appropriate risk assessments are in place for the management of self-administered medicines.
13. Medicines are prepared immediately prior to their administration from the container in which they are dispensed.
14. Compliance with prescribed medication regimens are monitored and any omissions or refusals likely to have an adverse effect on the person's health are reported to the prescriber.
15. The act of administering medication in disguised or covert form does not occur, unless there has been a formal best interest decision made. This is recorded in the person's personal plan.
16. There are parameters for the use of 'as required' medicines advised and authorised by health care professionals. A registered nurse is required to administer or delegate the administration of 'as required' medicines where clinical judgement or a clinical decision is necessary.
17. Systems are in place for non-prescribed medicines (homely medicines) to ensure that they are managed in accordance with medical advice.