

Jersey Care Commission

Care Standards

Day care services for adults

Safe

Effective

Caring

Responsive

Well-led

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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 are objective and impartial in our dealings with people and care providers
- **Openness and accountability** – we 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 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 care standards are statements which set clear expectations about how care services should be 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) Law 2014** and other legislation relevant to individual standards.

These care standards have been written to:

- Promote the safety and wellbeing of people accessing care and support
- Help people understand that they should have high expectations of the service supporting them and the outcomes they can achieve
- Set out what providers of care services must do to meet the high expectations of people who use care services and requirements under the Law
- Set out the structure to be used to regulate and 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 listening to people in Jersey who receive care and others to establish what matters and is important to them.

Each standard begins with a clear statement about what people should expect in relation to different aspects of the care service. This is followed by an explanation about what the standard means to people who use the service.

The next section details the relevant regulations that the standard covers and what care providers must do in order meet the expectations of people who receive care and the requirements of the Law.

Scope

These care standards apply to **Day care services for adults**

There are separate care standards for:

- **Care and support services with accommodation**
- **Home care and support in the community** (including home care for children)

When regulating a service, the Jersey Care Commission will use the set of standards that is most appropriate to the service, based on its service category. Not all elements of the standards will be applicable in some categories.

There are also Children's standards and a Single Assessment Framework which is applied to organisations providing Hospital, Ambulance and Adult Mental Health Services.

Guiding Principles

The Commission's guiding principles are the fundamental values which influence the Standards.

They reflect people's rights and are central to this approach. The guiding principles help the inspectors to answer five key questions: is the service safe, effective, caring, responsive and well led.

Safe: people are protected from abuse and avoidable harm

Effective: care, treatment, and support achieve good outcomes, promote a good quality of life and are based on the best available evidence

Caring: care is respectful, compassionate, and dignified

Responsive: care meets people's unique needs

Well-led: the leadership, management and governance of the service assure delivery of high-quality care, support learning and innovation, and promote an open and fair culture.

Standard 1. **The service will be led and managed well.**

What this means to people receiving care:

The people who care for you will be able to show that everything is as good as it should be and that they listen to you and make things better. They will want to find ways of improving the service where they can. The people working in the service will feel supported to do the best possible job for you and the others they care for and support. You will be confident that the service is financially stable and fully insured. There will be clear lines of management, and you will know who has responsibility for addressing your queries or concerns.

Relevant regulatory requirements:

Regulation 3. Conditions of registration: general
Regulation 5. Conduct of regulated activity
Regulation 8. Care and welfare
Regulation 12. Cleanliness and infection control
Regulation 18. Premises and equipment
Regulation 19. Reviewing quality of service
Regulation 24. Financial Viability
Regulation 25. Charges

1.1 There will be a management structure in place with clear lines of accountability to enable the effective and safe delivery of services.

The management structure will reflect the size of the service and the volume and complexity of care provided. People who receive care and care/support workers will understand the roles and responsibilities within the management structure and it will be clear who to contact under which circumstances.

1.2 There will be sound accounting and other financial procedures to ensure the effective and efficient running of the business and its continued financial viability.

Registered persons must 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 if requested.

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

1.3 There will be adequate insurance cover.

All registered providers are required to have Public Liability Insurance. Insurance certificates should be displayed and available to the Jersey Care Commission

1.4 There will be a coherent and integrated organisational and governance framework in respect of the service.

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

There will be clear lines of professional and corporate accountability which ensure the effective delivery of the service.

1.5 There will be a clear articulation of the service's vision and values, which is linked with the written Statement of Purpose, and kept under review with input from service users and care/support workers.

The aims and objectives of the service will be clear, and staff will understand the vision for and values of the service and how these inform the care and support people receive.

1.6 There will be systems in place to discharge, monitor and report on the delivery of its functions in line with legislative requirements, standards and guidance.

There will be 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

Registered persons will establish a system to regularly review the quality of services provided and where necessary make improvements on at least an annual basis. As part of the review, people who receive care, their representatives, care/support workers and others will be consulted.

Complaints, investigation and feedback will be taken into account in a report prepared by the service which will be published and made available to the Jersey Care Commission, people who receive care, and where appropriate, their relatives and anyone else who requests it.

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

1.7 There will be systems for identifying risks (both escalating and emerging) to service provision and management structures in place to effectively respond to identified risks.

There will be policies and procedures in place to prevent, identify, manage and review adverse incidents in order to prevent reoccurrence and assure learning across the service.

There will be a workforce strategy that clarifies the structure and sets out the function, roles and responsibilities of care/support workers.

Each member of staff will be fully aware of their governance responsibilities through support and training delivered by the registered persons.

There will be effective human resource policies and procedures in place in respect of workforce planning, skill mix of care/support workers, recruitment, training, supervision and development opportunities to deliver the service in compliance with legislation, standards and guidance.

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

There will be planned responses, that are routinely checked and where necessary updated, to a range of foreseeable crises (for example outbreaks of illness, fires, extreme weather, utilities outages, serious allegations, significant accidents, staff shortages, and control problems within or outside the accommodation).

1.8 There will be systems in place to monitor, audit and review the quality of care within the service.

The findings of such activities will be acted upon and shared with employees within the service. There will be 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 will be informed by research and relevant evidence that guides good practice.

There will be regular reports on governance arrangements and ongoing continuous improvement within the service.

1.9 There will be systems in place to monitor and evaluate the performance of the service against its Statement of Purpose and to ensure the statement is regularly reviewed.

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

1.10 There will be 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 should include an evaluation of operations and resources and be reviewed annually.

Standard 2.

When you are choosing a service, there will be information about the service and about how it will support and care for you. It will be shared with you in a way you can understand.

What this means to people receiving care:

When you are choosing a service, there will be information which will help you and the people who are important to you to choose care and support that will meet your needs and preferences. There will be a written agreement which sets this out so you will know what to expect from the services and facilities that are offered. This information will be shared with you in a way you understand.

Relevant regulatory requirements:

Regulation 3. Conditions of Registration: general

Regulation 5. Conduct of regulated activity

Regulation 6. Openness and Transparency

Regulation 8. Care and Welfare

Regulation 8A. Requirement to inform and update

Regulation 17. Workers

Regulation 18. Premises and Equipment

Regulation 20A. Requirement to display registration

2.1 There will be a written Statement of Purpose.

This will include information about:

- the aims and objectives of the service
- 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 people (for example adults aged 60+) who the service will be provided to
- criteria for commencing care
- provision of food drink and snacks
- the accommodation, facilities and services provided, to include whether it is intended to accommodate people living with dementia, disabilities, learning disabilities or other needs
- the address and contact information for the service
- the manager and care/support workers, including their qualifications
- staffing arrangements
- the organisational structure of the service
- rights and responsibilities for those in receipt of care
- details about the legal status of the service (for example. charity, company etc.)
- how people who receive care will be involved in making decisions about the running of the service
- how to raise a concern/complaint and support available to do so
- the arrangements made to protect and promote the health and welfare of people receiving care.

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

- people receiving care, their families and others involved in arranging care
- any person working in the service
- inspectors appointed by the Jersey Care Commission
- any person involved in arranging care.

2.2 Information will be available for people, their relatives and others who are considering the service.

The information should include:

- a summary of the Statement of Purpose
- contact details
- the aims and philosophy of the service
- a summary of the services and facilities provided
- where specialist care is provided the qualifications of the care/support workers will be specified
- referral and acceptance procedures
- the name of the registered manager and staffing arrangements
- the organisational structure and name of the registered person
- accurate and transparent information on fees and charges including arrangements for third party payments and changes to fees
- provision of food, drinks and snacks
- arrangements for obtaining or providing equipment
- general terms and conditions
- arrangements for personal property and valuables including insurance arrangements
- current programme of activities and events – including additional costs
- arrangements for transport – including any costs
- arrangements for people who receive care to be involved in the running of the service
- arrangements for inspection and how to access reports
- arrangements for communicating with people and their families if the person's needs change and can no longer be met by the service
- what to expect from care/support workers
- people's rights
- any limits or restrictions to the service
- information about how to end or change the service
- complaints and feedback information
- information about the service policies and procedures.

Information should be provided in a range of formats to meet people's communication needs.

2.3 There will be a written agreement which states how the service will be provided to meet the needs of the person receiving care. It will set out terms and conditions, payment arrangements and arrangements for changing or ending the agreement.

People who receive care or, where appropriate, their relatives will be fully involved in the development of the written agreement which will include:

- the date the agreement was made
- when the service starts
- how and when the service will be provided
- terms and conditions of service
- charges and how to pay
- information about how to change or end the service.

The person receiving care will receive a copy of the signed agreement and can ask for a review of the agreement at any time.

Communication with the person and, where appropriate their relatives about the agreement and any changes to it must be clear, timely and effective and appropriate to the situation.

2.4 Registered persons will prominently display a notice to the effect that the person is registered with the Jersey Care Commission.

This notice will be displayed in all premises and on each written or electronic communication made by the registered person relating to the regulated activity. It should include the contact details of the Commission.

2.5 Registered persons will be able to demonstrate the capacity of the service to meet the assessed needs, including specialist needs, of people in receipt of care.

All specialised services offered (for example, services for people living with dementia, or other cognitive impairments, sensory impairment, physical difficulties, learning disabilities, end-of-life care, intermediate care or respite care) will be based on current best practice and reflect relevant specialist and clinical guidance.

The needs and preferences of minority ethnic communities, social/cultural or religious groups will be understood and met.

Care/support workers individually and collectively will have the skills and experience to meet the needs of the people they care for.

2.6 There will be procedures for admitting people into the service.

Those who are considering the service will have the opportunity to visit to assess the quality, facilities and suitability of the service prior to making their decision.

No one will be admitted under emergency circumstances unless this function is explicitly included in the Statement of Purpose. There will be a policy and procedures for when a person is admitted under emergency circumstances which will include assessing, meeting and supporting their individual needs and consideration for others living or staying at the accommodation.

There will be a prompt and effective system for responding to requests for service which includes a procedure for dealing with urgent requests.

2.7 There will be policies and procedures based on current best practice and evidence which will be available and accessible to people receiving care and others.

Policies will be:

- developed based upon best practice guidance/evidence/legislation/professional guidance
- developed with the involvement of the people who receive care
- person focused
- shared, implemented and monitored for effectiveness
- regularly reviewed by care/support workers and in consultation with people who receive care
- revised where necessary following incidents/learning events.

Standard 3.

You will be supported and cared for in a way which has been planned with you.

What this means to people receiving care:

The people caring for you will work with you and the people who are important to you to find out as much as possible about you to make sure that they can meet your needs and support you in a way that suits you and reflects your preferences. Together you will make a plan for how you want your care to be provided. Everyone who is involved in providing your care will need to understand and follow these plans and keep records which show they have done this. Your records will be kept safely, and you will be able to see them whenever you wish. You can ask for your plan to be reviewed with you at any time.

Relevant regulatory requirements:

Regulation 5. Conduct of regulated activity

Regulation 6. Openness and transparency

Regulation 7. Respect and involvement

Regulation 8. Care and welfare

Regulation 8A. Requirement to inform and update

Regulation 9. Personal plans and care records

Regulation 15. Shared responsibilities

Regulation 23. Service records

Regulation 28. Education, employment and leisure activity

3.1 People will not be accepted into the setting without having their needs assessed.

Registered persons will ensure that a person's needs can be met (taking into consideration the needs of others) prior to accepting them into the service.

People will only be admitted based on a full assessment undertaken by a registered person or a suitably qualified care/support worker. This may be a registered manager or care/support worker who is a registered health/social care professional or has completed a relevant Level 2 Diploma **and** has completed or is working towards completing a relevant Level 3 Diploma (this must be completed within 2 years from registration or the appointment of the person).

Nursing care requirements will be determined by registered nurses using a recognised assessment tool.

For individuals referred through Health and Care Jersey the registered person will obtain a summary of the care assessment and a copy of the care plan provided by the referring practitioner.

3.2 People who receive care will be involved in an initial assessment which will identify their preferences, needs and wishes.

The initial assessment will include:

- how the person receiving care wishes to be addressed
- the roles of family and others
- cultural and spiritual preferences
- communication needs
- social, educational, physical or emotional needs
- personal preferences and interests
- documenting 'life story' information where appropriate to facilitate communication and rapport
- goals and aspirations
- risks.

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

3.3 Registered persons will be able to demonstrate that the service operates in accordance with its Statement of Purpose and only people whose assessed needs can be met are cared for and supported.

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

3.4 People who receive care will be involved in developing holistic personal plans which will detail how their needs will be met based upon their goals, aims and preferences.

Personal plans will:

- identify goals and aims
- detail how the person receiving care wishes to achieve the goals and aims
- detail what care/support workers will do to help people achieve their goals and aims
- be based upon current best practice guidance and evidence
- include personal preferences and relevant 'life story' details
- ensure that consent is gained to carry out any care or support
- include information about any specialist equipment that is needed
- show who will be 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 will be checked
- show when the care/support plan needs to be reviewed.

3.5 The personal plan will be consistent with any plan provided by a health or social care professional (for example, social worker/nurse). Any inconsistencies must be identified and discussed with the person and the relevant health or social care professional.

Personal plans will be monitored regularly to ensure that the requirements of the plan are implemented in day-to-day care provision.

Registered persons will regularly seek the views of the person on the content, implementation and review of the personal plan.

Nursing care requirements will be determined by registered nurses using a recognised assessment tool.

3.6 Assessments and personal plans will be regularly reviewed and revised as required, at the request of the person or if there is a change in needs or circumstances. The person will be fully involved in any review process, and the outcomes will be communicated with them in a way they will understand

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

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

Where changes are agreed the care and support people receive this will be communicated with the person, and, where appropriate, to their relatives if required, in a clear and timely way and should be appropriate to both the person's needs and the situation.

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

3.7 Each person will have a care record which is detailed, up to date and relevant to ensure that the person's agreed care and support, health, safety and welfare needs are met and properly documented.

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

3.8 There will be a 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 will be recorded in a way which will be helpful to the person receiving care.

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

Assessments, personal plans, contemporaneous care records and any other documentation will be legible, accurate and will distinguish between fact, opinion and third-party information. All entries will include the date, time and signature and role of the person who has made the entry.

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

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

Registered persons will 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 will be held securely for the period of time and disposed of as specified in accordance with legislation and guidance.

Care records including assessments and personal records will be available at all times for inspection by the Jersey Care Commission to gauge the effectiveness of the assessment, planning, delivery and evaluation of the care or support offered.

Appendix 2 lists the types of records which must be made available to the Jersey Care Commission.

Standard 4.

You will be supported to make your own choices and decisions. Your choices, preferences, lifestyle and beliefs will be respected.

What this means to people receiving care:

Information you need to help you make choices about and decisions about your care and support will be shared with you in a way you can understand. The choices you make will be respected. You will be supported to be as independent and in control of your care and support as you can be. Your individuality, beliefs and faith and the choices you make will be respected and your rights will be supported and protected.

Relevant regulatory requirements:

Regulation 3. Conditions of registration: general

Regulation 7. Respect and involvement

Regulation 8. Care and welfare

4.1 People who receive care will be provided with information in a format and at a level that meets their individual communication needs, in order to be able to make informed decisions about their care or support.

People will be presented with information that is based upon current best practice and evidence to enable them to make informed choices.

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

Registered persons and care/support workers must at all times be compliant with the Capacity and Self Determination (Jersey) Law 2016 and relevant legislation in respect of people's rights, consent and decision making.

4.2 People who receive care will be supported, enabled and empowered to be as independent and autonomous as practicable.

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

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

4.3 Care/support workers respect people's wishes, privacy and confidentiality and always promote dignity.

There will be a policy and procedures on privacy and confidentiality which include:

- 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 will be sensitive to gender issues and people who require support with intimate care will where possible be given a choice of who will support them.

Care/support workers will protect people's dignity at all times.

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

- boundaries to be observed
- personal choice
- consent
- practical guidance based upon best practice.

Care/support workers will understand and respect people's rights to privacy and confidentiality and will be aware of the laws around consent, capacity and self-determination.

4.4 Care/support workers will 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 will:

- 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

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

4.5 The daily routine and activities made available will be flexible and varied to suit people's expectations, preferences and abilities.

People will have the opportunity to exercise their choice, for example in relation to:

- leisure and social activities
- food, meals and mealtimes
- routines of daily living
- personal and social relationships
- religious observance.

4.6 People's rights will be supported and protected.

People will be helped to understand their rights and responsibilities.

Registered persons ensure that people have their legal and civil rights protected and enable them to exercise their legal rights directly and take part in legal and civil processes if they wish.

As required by the Capacity and Self Determination (Jersey) Law 2016, where people lack capacity, the registered person ensures that decisions are made:

- by any person authorised by way of a Lasting Power of Attorney (for health and wellbeing and/or property and affairs)
- by a court appointed delegate with authority to make the specific decision (for health and wellbeing and/or property and affairs).
- in the person's best interest
- in accordance with a valid Advanced Decision to Refuse Treatment (ADRT)
- when appropriate, through provision of access to independent capacity advocacy.

People's rights to participate in all aspects of political processes will be respected, upheld and facilitated where appropriate.

Standard 5.

You will be able to take part in a range of activities which reflect your lifestyle and personal goals and enhance your wellbeing. You will be enabled to engage in the wider community.

What this means to people receiving care:

A range of activities based on your and others' preferences and interests will be available, and you will be able to maintain hobbies and interests which support your wellbeing. You will be encouraged and enabled to engage in the wider community. You will be able to take part in outings and help to organise and plan events if you wish.

Relevant regulatory requirements:

Regulation 7. Respect and involvement

Regulation 7a. Visitors and involvement in community

Regulation 8. Care and welfare

5.1 Activities will be offered that are meaningful to the people using the service.

There will be a programme of activities which will provide positive and meaningful outcomes for people, based on their personal interests, needs and preferences. The programme will include activities that are enjoyable, purposeful, age and culturally appropriate.

People using the service will be involved in planning activities, outings and celebrations.

There will be opportunities for informal activity and interaction. People who are unable or do not wish to participate in group activities will be supported with one to one activities.

5.2 Activities will promote social, physical and psychological wellbeing.

Activities will be planned to promote and maintain people's independence or personal development and will encourage social interaction where appropriate.

5.3 People will be encouraged and enabled to engage with the wider community.

People will be encouraged and supported to be a part of the wider community in which they live. Support will be given to enable people to participate in and contribute to community life through links established to community organisations for leisure, sports, arts and culture.

Care/support workers will seek networks which offer opportunities for people to get involved.

5.4 People will benefit from the involvement of volunteers, as and how they choose to.

Registered persons will ensure that the contribution of volunteers works in a complementary way to those with paid roles, for the benefit of the people who use the service. living or staying in the accommodation.

Each volunteer's role and responsibilities will be set out in a written agreement. Volunteers will not undertake tasks which are the responsibility of paid care/support workers.

People who use the service will be involved in deciding how volunteers will be used.

The recruitment and selection of volunteers will be as rigorous as for paid staff.

Volunteers will receive training, support and supervision appropriate to their role and legislative requirements.

Standard 6.

You will be supported and cared for by people who will treat you with dignity, respect and compassion because they have the right values, attitudes, understanding and behaviour.

What this means to people receiving care:

People working in the service will have been carefully chosen to make sure that they are safe and caring people and that they know how to provide care that meets your needs and wishes.

Relevant regulatory requirements:

Regulation 2. Fitness criteria
Regulation 3. Conditions of registration: general
Regulation 5. Conduct of regulated activity
Regulation 8. Care and welfare
Regulation 11. Safeguarding
Regulation 17. Workers

6.1 There will be a policy and procedure for the safe recruitment of care/support workers, volunteers and others who may have contact with people in receipt of care or support.

Recruitment policies must be compliant with all relevant legislation and guidance. Recruitment policies in the care sector need to explicitly state and demonstrate a service's commitment to safeguarding and promoting the welfare of the people it supports and cares for.

The policy should help to lead to positive experiences and outcomes for people receiving care and support.

Recruitment policies will include:

- safeguarding and equal opportunities
- each stage of the recruitment process and how the service intends to approach them
- how people in receipt of care or support or their relatives will be meaningfully involved in recruitment processes and supported to participate
- the use of assessment techniques
- interview panels
- how offers of employment will be made
- conditions of employment
- retention of applicant information
- provision of references to other organisations for existing or former employees.

6.2 There will be a comprehensive application process which allows a service to obtain the same information from all applicants.

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

- Full identifying details.
- full employment history (from compulsory education) in chronological order including part time, full time and voluntary employment, including start/end dates, reason for ceasing and explanations for periods not in employment or education/training.
- A statement of academic, professional and/or vocational qualifications relevant to the position.
- Declaration of any involvement in disciplinary or grievance procedures and any current formal warnings.
- Details of current or former registration with any relevant regulatory body. Declaration of any finding by a regulatory body and any conditions which apply to current registration.
- 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).
- Declaration of any family or close relationships with existing employees, care receivers or their relatives.
- Details of referees: References must verify employment over a minimum period of three consecutive years immediately prior to the application. A minimum of two references should be sought, and it should be made clear that references from friends or relatives will not be accepted. One of the references must be the applicant's current or most recent employer and there must be a reference from the applicant's last care role (if they are not currently working in a care role but had done previously).

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

Applicants must be informed that failure to disclose important information may lead to dismissal if discovered at a later date once employed.

6.3 There will be clear job descriptions and person specifications.

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

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

The person specification will set out a profile for the post and the desired characteristics of the ideal candidate. It will include:

- qualifications, knowledge and experience required
- professional registration requirements or others required to perform the role
- competence and qualities that the successful applicant should be able to demonstrate or have the potential to demonstrate.

6.4 There will be transparent procedures that are used for advertising and shortlisting.

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

Recruitment packs provided to applicants will 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 service's commitment to safeguarding and promoting the welfare of the people it provides care or support to.

6.5 There will be clear and fair processes for the assessment of recruits.

Services may have different screening processes for recruits including exercises /simulation/role play based upon competencies which must be appropriate for the role being filled. However, a value-based approach should be used to help 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 service.

Interviewers should be adequately trained and have knowledge of interviewing skills and relevant legislation including safe recruitment, data protection, equality and discrimination.

Interviews will be prepared 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 are recorded with consistency. Scoring criteria must apply to all candidates equally and without exception.
- Questions are values/competency based, and each role has a set of specific questions.
- The applicants' prior learning and areas for development are explored.

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

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

- verification of the candidate's identity and right to work in Jersey
- 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 - Disclosure and Barring Service (DBS), (criminal record check for overseas).

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

6.6 All safe recruitment employment checks must be completed prior to workers (including volunteers) commencing employment.

Care/support workers must not have any contact with people receiving care or support or have access to their personal information or data prior to the completion of all employment checks. Appendix 3 contains requirements for employment checks.

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

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

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

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

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

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

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

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

The registered person must ensure that a minimum of 50% of all care/support workers on duty at any one time who do not hold a relevant professional qualification have completed a relevant Level 2 Diploma (or equivalent).

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

6.8 Care/support workers will complete a structured induction programme which will assess their competence to work in the setting.

Care/support workers will not work without supervision until they have been assessed as competent.

Standard 7.

Your care will be provided with consistency by competent care and support workers who know you and who have the necessary qualifications, training and skills to meet your needs.

What this means to people receiving care:

You will know who is caring for you and your care and support will be provided by people who know and understand your individual needs and preferences. The people who run the service will make sure that there are enough care and support workers to meet the needs of you and others and that their training and qualifications are up to date. The people who run the service will work with other services where they need to, to make sure you are getting the right care.

Relevant regulatory requirements:

Regulation 2. Fitness criteria
Regulation 3. Conditions of registration: general
Regulation 5. Conduct of regulated activity
Regulation 8. Care and welfare
Regulation 11. Safeguarding
Regulation 14. Management of medicines
Regulation 15. Shared responsibilities
Regulation 17. Workers
Regulation 18. Premises and equipment

7.1 People will know who will be caring for them.

Rotas will be planned to ensure continuity of care for people and effective skill mix.

New care/support workers will be introduced to people before caring for them for the first time.

Staffing arrangements should be displayed or otherwise provided to people so that they know who will be caring for them.

7.2 There will at all times be sufficient numbers of competent, experienced care/support workers to meet the care and support needs of people using the service.

The registered person will ensure that the service is staffed at all times at or above the minimum level specified in the Statement of Purpose. There will be sufficient staff employed to cover absences due to annual leave, sickness and study leave.

Specialised services offered and detailed in the Statement of Purpose will be based upon current best practice and will reflect relevant specialist and clinical guidance and evidence regarding staffing arrangements, training and care delivery.

The skills and experience of care/support workers will be matched to the needs of each person receiving care. Care/support workers will be assessed as competent to meet the needs of the people they provide care/support to.

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

There will be a staffing policy which takes into account minimum staffing requirements, the size and layout of the setting, the Statement of Purpose and fire safety requirements which will include:

- The number of care/support workers required during the day (which may include different requirements for different circumstances).
- Start and finish times.
- Arrangements for adequate skill mix, including health/social care professionals where appropriate.
- Ensuring that a minimum of 50% of all care/support workers on duty at any one time who do not hold a relevant professional qualification have completed a relevant Level 2 Diploma (or equivalent).
- Arrangements for sickness/absence cover.
- Arrangements for managing the care/support workers on duty and support with day-to-day decision making.
- Arrangements for care/support workers to be present in the building or available during the day.
- Arrangements for contacting senior care/support workers /on call support if necessary.

A qualified first aider will be on duty at all times whilst the service is in operation.

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

Care/support workers who provide intimate care will be aged 18 years or above.

Rotas will have time scheduled to ensure that handovers, spending time with individuals, visits, transportation, completion of records, planning and delivery of care occur without compromising the overall care of people. Records of rotas will be maintained.

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

There will be sufficient domestic/ancillary staff to make sure that standards relating to food, meals and nutrition are fully met and that the service is maintained in a clean and hygienic state, free from dirt and unpleasant odours.

Registered persons must take into account 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 a 24 hour period unless there is an overnight break.

7.3 Care/support workers will be appropriately trained and competent to meet the health, wellbeing and physical needs of people who receive care and to escalate concerns about their health and wellbeing.

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

Care/support workers will respond in a timely way to medical and wellbeing changes. They will know when and how to escalate any concerns about a person's health or wellbeing to the appropriate health/social care practitioner or service and will support the person to follow any advice or guidance given.

Care/support workers will be trained in first aid and will have access to first aid kits. Accidents and incidents should be recorded as stipulated in the incident/accident/near miss policy and procedure.

People with particular health needs or disabilities including physical or sensory impairment or learning disabilities will be provided with appropriate support and care by care/support workers with the appropriate training and qualifications.

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

Opportunities will be 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 will receive support to update and maintain their professional qualifications through continuing professional development and any regulatory body requirements.

7.4 Registered persons will ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.

Registered persons are responsible for determining the training required for their service, based on the nature of care provided, the needs of the people supported, and the roles of staff.

This includes statutory training requirements in relation to local legislation including, but not limited to:

- 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

Training must be relevant to the service, reflect current best practice, and be reviewed regularly.

Providers must ensure that all care/support workers complete a structured induction programme and receive statutory and mandatory training appropriate to their role. This includes training aligned with the Care Certificate standards or equivalent.

Training programmes must be evaluated to ensure they improve practice and outcomes. Feedback from staff and people receiving care should inform future training provision.

Providers must maintain accurate and up-to-date records of all training completed by staff. These should include dates, topics, refresher schedules, and competency assessments, and must be available for inspection.

Staff must be supervised following training until they are assessed as competent to carry out their duties safely and effectively. Competency should be formally evaluated and documented.

Further guidance on determining statutory and mandatory training requirements is set out at Appendix 4.

7.5 Registered persons will ensure that all care/support workers are given regular opportunities to discuss their role and identify any issues through formal supervision and appraisal.

The purpose of supervision is to promote safe and best practice and maintain the mental and physical wellbeing of care/support workers by providing a channel for communication between manager/supervisor and worker.

Supervision:

- There is a formal discussion about the worker's performance against the standards they are expected to meet.
- Ensures the worker is clear about their roles and responsibilities.
- Identifies the worker's personal development needs.
- Offers a source of support for the worker encouraging reflection on challenges and achievements.
- Encourages workers to share any issues or concerns, including things which may be having an impact on their ability to perform effectively in their role.
- Will be carried out at least four times a year, on dates agreed in advance, spaced at regular intervals throughout the year.
- Is recorded and retained within personnel files.

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 will be carried out and recorded at least annually.

7.6 Care/support workers will not work outside of the scope of their profession, competence or job description.

Care/support workers at all times must adhere to any code, standards or guidance issued by any relevant professional body. Care/support workers must be honest about what they can do, recognising their abilities and the limitations of their competence.

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

Care/support workers will only carry out, or delegate tasks agreed in job descriptions and in which they are competent.

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

Some duties and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (for example, vocational training module) and assessment of competence carried out by the delegating professional.

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 (for example, insertion of hearing aids).

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

7.7 There will be clear and transparent disciplinary and grievance procedures.

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

7.8 Where responsibility for the care or treatment of a person is shared with or transferred to another service or agency, the registered person will work collaboratively with the other service or agency to ensure the health, safety and welfare of the person who receives care.

Registered persons will 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.

7.9 People will have access to equipment or devices which may be required to meet their health, wellbeing or physical needs.

Care/support workers will have up to date knowledge and skills in using medical devices and equipment for the provision of treatment and care. There will be a record of training provided, and competency demonstrated in the use of medical devices and equipment. Manuals will be retained and will be easily accessible.

There will be an equipment and devices policy and procedures which identify responsibilities for maintenance and checks which should be recorded within the person's personal plan.

Medical devices and equipment that are designed for single use will not be reused under any circumstances.

Any contaminated re-useable medical devices and equipment will be handled, collected and prepared for transportation in a manner that avoids the risk of contamination to others.

Decontamination of re-usable medical devices will be carried out in line with current best practice and standards. Relevant records will be kept.

7.10 There will be a policy and procedures to ensure that people are provided with any medication they require or are prescribed safely and effectively.

Medication should only be administered by care/support workers who have completed an Accredited Level 3 Medication Administration Module (Vocational Qualification) and/or have a relevant professional qualification.

Care/support workers must have been assessed as competent to administer medication on at least an annual basis by someone who has been assessed as competent themselves. Those who have a relevant professional qualification must ensure that they are competent in line with their professional code, standards or guidance.

The administration of any medication must be recorded and signed on a Medication Administration Record (MAR) chart produced by the prescriber or pharmacist, or within an appropriate electronic MAR (eMAR) system. Use of eMAR systems must comply with the Commission's guidance, available in the guidance section of the Commissions website.

Any transcribing activity must be explicitly supported by robust policies and procedures, in line with the Commission's Transcribing Guidance, available in the guidance section of the Commissions website.

Where people who attend day services require a short course of medication (for example, antibiotics, where a separate supply is not appropriate) then the registered person must ensure that:

- it is recorded in the personal plan
- where it has not been possible for the prescriber/pharmacist to produce a MAR chart for the day care service, correct transcribing procedures are followed to produce a MAR chart
- there are processes to establish when the last dose was taken
- the medication is only administered from the original dispensed packaging.

7.11 Medication will be managed in compliance with legislative requirements, professional standards and best practice guidelines

Medication management requirements are detailed in Appendix 5.

Standard 8.

You will feel safe and fully involved in decisions about your safety and wellbeing.

What this means to people receiving care:

You will feel safe because the people running the service and all the people working there understand the risks to you and others. They will make sure that procedures are written down and followed and that you know what you need to do in an emergency. Your care and support workers will recognise where there might be a risk of harm to you, or others and you will be fully involved in any decisions about your safety and wellbeing.

Relevant regulatory requirements:

Regulation 5. Conduct of regulated activity

Regulation 6. Openness and transparency

Regulation 8. Care and welfare

Regulation 10. Health and safety

Regulation 11. Safeguarding

Regulation 15. Shared responsibilities

Regulation 16. Control and restraint

Regulation 17. Workers

Regulation 18. Premises and equipment

Regulation 21. Notification of incidents, accidents and other events

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

There will be a safeguarding policy and procedures which are in line with *The Jersey Safeguarding Partnership Group Multi-Agency Procedures*.

All care/support workers:

- will be able to recognise signs of abuse
- will know what to do if they have a concern
- will know how to respond to people who raise concerns
- will ensure that the person receiving care is supported through any child protection /safeguarding processes.

The policy will include:

- definitions of abuse and neglect
- training requirements for care/support workers
- procedures to follow 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 will provide information and support to them

- details of how information will be shared with other registered persons, regulatory bodies and law enforcement agencies where required to assist in safeguarding people from harm.

Registered persons will cooperate fully with any investigations where appropriate.

8.2 Accidents, incidents and near misses will be reported and investigated.

There will be an open and transparent incident/accident and near misses policy which will identify who needs to be informed of the specific circumstances of any of these.

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

Registered persons must 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. A list of notifiable incidents is in Appendix 6.

Learning from incidents will be actioned, monitored and shared where appropriate to help prevent a similar situation from occurring.

8.3 The health and safety of people receiving care, care/support workers and others will be protected.

There will be comprehensive health and safety policy and procedures which will comply with legislation and best practice guidance and will cover:

- responsibilities for risk assessments
- maintenance of equipment and appropriate record keeping
- working practices that are safe with risks to health and well-being 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
- water management in prevention of Legionella
- regulation of water and surface temperature to prevent burns and scalding.

There will be arrangements in place to ensure that the person in charge of the service at any given time receives the relevant information to fulfil their health and safety responsibilities.

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
- first aid
- accident and incident prevention
- food hygiene
- fire safety.

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

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

Publicly displayed health and safety procedures will be in formats that are easily understood and take account of people's communication needs.

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

8.4 The risks of harm to people receiving care and care/support workers will be minimised.

An assessment will be 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. Assessments will include (but not be limited to) risks associated with:

- medication
- moving and handling
- pressure trauma
- environment
- scalding – water/surface temperature
- handling finances
- infection control.

Registered persons will regularly review the implementation and effectiveness of actions identified in assessments to reduce risk.

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

Fire and safety procedures that meet statutory regulations and requirements set by the States of Jersey Fire and Rescue Service will be in place and followed. Risk assessments will be regularly updated.

Care/support workers will be trained and will know how to respond appropriately to emergencies, ensuring that risks to people receiving care and others are identified and managed.

8.6 Restrictive physical interventions will not be used unless specified within an individual's personal plan as directed by a health or social care professional.

Where specified, restrictive physical interventions should only be used when a situation warrants immediate action. De-escalation techniques should always be used to avoid the need to employ restrictive physical intervention, unless the risk is so exceptional that it precludes the use of de-escalation.

Where required, there will be a policy and procedures on the conditions when and how restrictive physical interventions may be used.

Care/support workers will be fully trained and assessed as competent in the use of restrictive physical interventions.

The person will be supported after any occasion where restrictive physical intervention has been used.

Incidents involving restrictive physical intervention will be recorded and reviewed.

Any use of restrictive physical intervention will be compliant with the Capacity and Self Determination (Jersey) Law 2016 / Mental Health (Jersey) Law 2016 where appropriate.

Care/support workers will receive a debriefing after each incident where restrictive physical intervention has been required.

8.7 There will be a policy and procedures where people receiving care require transport.

The policy will include:

- 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.).

People's individual needs regarding transport to and from the day care service should be assessed and be included within their personal plan, reviewed regularly and updated and where changes are identified.

Transport staff will be fully aware of their roles and responsibilities and will receive the appropriate training to fulfil their duties.

8.8 There will be a policy and procedures for the safe handling and storage of money and property.

The policy will cover and include guidance on:

- payments for service (where appropriate)
- safeguarding people's property and money
- people's possessions
- care/support workers conduct – for example, not discussing personal financial circumstances, not accepting gifts or cash, not entering any personal transaction with people receiving care or others.

The policy will preclude the involvement of care/support workers or registered persons in the making of or benefitting from the person receiving care's wills or soliciting any other form of bequest or legacy or acting as a witness or executor or being involved in any way with any other legal document.

Where people hand over money or valuables for safekeeping, they will be made aware of the arrangements for safe storage of these and will have access to their financial records.

Records will be kept and receipts given for personal possessions/money handed over and returned which will be signed by the care/support worker and person. If the person is unable or chooses not to sign, then two care/support workers will witness and sign and date the record.

Where people are unable to take responsibility for their own finances, this will be reflected in their assessment and personal plan and recorded on a risk assessment and action taken to reduce the risk of financial abuse.

People's personal possessions will not be shared unless the person has given permission.

8.9 Effective precautions, made in consultation with people and care/support workers will be taken to ensure the security of the setting from access by unauthorised persons, without compromising or having an adverse effect on the care of people living or staying there.

There will be a policy for visitors which will identify when authorisation is required, from whom and will state what measures are required to record visits.

There will be a written policy in line with legislation and best practice guidance where CCTV is used or other security measures including electronic monitoring devices.

Standard 9.

The service will be easily accessible and will support your wellbeing by providing a pleasant environment which feels safe.

What this means to people receiving care:

The service will be easy to get around and the layout will help make sure you can easily access everything you need to. The surroundings and environment will look, smell and feel pleasant and comfortable.

Relevant regulatory requirements:

Regulation 18. Premises and equipment

9.1 The building and grounds will be designed to meet the needs of people with or without disabilities. Ensuring that signage, décor and acoustics are appropriate for people with sensory impairments, learning disabilities and dementia, to ensure inclusivity.

Registered persons will be responsible for ensuring that the building and grounds can meet people's needs in accordance with the Statement of Purpose. Support and guidance should be requested from a health/social care professional such as an Occupational Therapist, where appropriate.

9.2 The building and grounds will be well maintained and will help and enable people to maintain their independence.

The building's location and design are of a size that is in keeping with the Statement of Purpose and serves the needs of the people who use the care service. Requirements for buildings and premises are in Appendix 7.

The building will be kept clean and hygienic at all times and decorated to suit the preferences of the people who use the day care service.

Furniture, fittings and any equipment or mobility aids will be fit for purpose and comply with any health and safety requirements.

Furniture and equipment in areas accessed by people will be positioned to take into account the mobility and overall needs of people, including those with sensory impairments.

9.3 Physical restrictions on normal movement within the accommodation will only be used in relation to a person where the restriction is specified in their personal plan and only used where necessary to safeguard and promote their welfare.

Such restrictions for one person do not impose similar restrictions on other people if that is not necessary. Any restrictions will be compliant with the Capacity and Self Determination (Jersey) Law 2016.

Standard 10.

It will be clear what the arrangements are for meals and drinks. Where food and drinks are provided by the service, they will be varied, healthy and tasty and available at times which suit the people using the service.

What this means to people receiving care:

You will know what the arrangements are for food and drink at the service. Where food and drink are provided, you be asked about foods you like and dislike and whether there is anything you can't eat because you are allergic or don't eat because of your religion or other reasons. There will always be a choice of meals and alternatives will be available. Mealtimes will provide an opportunity for people to get together, chat and enjoy their food. If you need special help with food and drink, the people who care for you will know how they can make sure you have everything that you need.

Relevant regulatory requirements:

Regulation 13. Nutrition and hydration

10.1 People will understand what the service provides in terms of food and drinks provision.

People will understand what foods and drinks will be available to them at the day care service and will know whether they need to bring a packed lunch/drinks and/or snacks with them.

10.2 Where a full meal service is provided, people will be offered a range of nutritious meals and snacks in adequate quantities in pleasing surroundings at times convenient to them.

The provision of meals at the day care service will be specified within the written Statement of Purpose.

Hot and cold drinks will be available at all times and offered regularly.

Food including softened or liquidised meals will be presented in a manner which is attractive and appealing in terms of texture, flavour and appearance.

Therapeutic diets/feeds will be provided as advised by health care or dietetic staff.

Allergies, ethical/cultural/religious requirements will be recognised and procedures will be in place to ensure that food and drink is safely stored and cooked to prevent cross contamination.

Registered persons will ensure that there is a changing menu offering a choice of meals in written or other formats. People will be encouraged to be involved in menu planning.

Care/support workers will promote the social aspects of meal times and a community approach to mealtimes will be encouraged

Meal times will not be hurried, people will have sufficient time to eat. If a person misses a meal for any reason, provision will be made to ensure they are offered a meal or alternative at a suitable time.

People including those with disabilities, have access to facilities to make drinks and snacks.

Fresh fruit and vegetables will be offered at every meal time and available for snacks. Fresh drinking water will be available at all times.

Care/support workers will ensure that people have access to any equipment or support that is needed to meet their nutrition and hydration needs and will offer individual assistance discreetly and sensitively.

Food will be well prepared, cooked and presented and any care/support workers involved in the preparation or serving of food will be adequately trained in food hygiene.

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

Care/support workers will:

- be appropriately trained in the handling and storage of food
- be 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.

Standard 11.

Yours and other people's thoughts, worries and complaints about how you are cared for will be listened to and taken seriously. If there has been a problem with your care, which has led to serious harm, you and your family will be contacted, told what action is being taken and given an apology.

What this means to people receiving care:

You will be asked how you find things and whether there is room for improvement in your care and support. You will feel comfortable saying if something is not right. You will be listened to and taken seriously and there will be different ways that you can bring up problems and you will know who you can speak to privately if you wish.

Those caring for you must speak up if something is wrong. There is a way they can do this without getting into trouble.

If there is ever a problem with your care which has resulted in serious harm, you and/or your family will be contacted, told what action is being taken and given an apology.

Relevant regulatory requirements:

Regulation 6. Openness and transparency

Regulation 17. Workers

Regulation 22. Complaints

11.1 Feedback on how the service operates will be responded to positively.

People who receive care and/or their relatives will be encouraged and supported to provide feedback about how the service operates regularly and frequently, through a range of methods which may include meetings, discussions, and surveys.

Feedback and actions taken as a result will be recorded.

11.2 There will be a complaints policy and procedures.

People who receive care and/or their relatives will be provided with a copy of the complaints policy and procedures which will be in a suitable format to meet people's individual communication needs.

People will know how to 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 will be easily available and accessible.

People who receive care and/or their relatives will be assured that raising a complaint will not result in them being treated unfavourably.

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

People will be supported and kept informed throughout the complaints process.

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

A written record of the complaint will be stored. Registered persons will ensure that 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 will be encouraged to sign where appropriate or indicate their satisfaction or otherwise with the management and outcome of the complaint.

People will be 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 will be carried out to identify recurring issues. There will be mechanisms in place to use the information gained to improve the quality of the service.

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

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

Registered persons will seek feedback regularly from people about their care/support workers.

11.4 There will be a whistleblowing policy and procedures.

Registered persons will promote an open, transparent and safe working environment where care/support workers feel able to speak up.

Care/support workers will be encouraged to raise concerns without fear of retribution. Complaints will be handled appropriately, monitored and reported on.

Care/support workers will be assured of the registered person's support if they raise valid concerns about the practices of colleagues. Care/support workers will be assured of support if they raise valid concerns about the practices of registered persons.

The policy will include:

- An explanation of what whistleblowing is, particularly in relation to the setting.
- A clear explanation of the service's procedures for handling whistleblowing, which can be communicated through induction and training.
- A commitment to training care/support workers at all levels of the service 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 whistleblower where it is requested (unless required by law to break that confidentiality).
- Clarification that any non-disclosure agreements in settlement agreements do not prevent workers from making disclosures in the public interest.
- An idea about what feedback a whistleblower might receive.
- An explanation that anonymous whistleblowers will not ordinarily be able to receive feedback and that any action taken to look into a disclosure could be limited – anonymous whistleblowers may seek feedback through for example, a telephone appointment or by using an anonymised email address.
- A commitment to emphasise in a whistleblowing policy that victimisation of a whistleblower is not acceptable. Any instances of victimisation will be taken seriously and managed appropriately.
- The time frame for handling any disclosures raise.
- Clarification that the whistleblower does not need to provide evidence for the employer to look into the concerns raised.
- Signpost to information and advice to those thinking of whistleblowing, for example Trade Unions
- Information about escalating concerns outside of the service.

11.5 Where a notifiable safety incident has occurred people and, where appropriate, their relatives will be notified that the incident has occurred, provided with an account of the incident and an apology and provided with reasonable support in relation to the incident.

Appendix 1

Definitions

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

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

Law refers to the Regulation of Care (Jersey) Amendment Law 202- (as amended)

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:

- Providing care
- Assessing, planning and evaluating care needs or the provision of care
- Supervision or delegating the provision of care.

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

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

Registered manager means the person who is registered with the Jersey Care Commission as the registered manager of the service, under the Law.

Registered person means the registered provider and the registered manager.

Registered provider means the person or body registered with the Jersey Care Commission to provide the service, under the Law.

Representative means individual(s) who either by law or through their relationship with the person has been chosen to represent the person.

Service refers to the organisation providing care

Social care includes all forms of personal care, practical assistance and personal support.

Appendix 2

List of types of records for inspection

Types of Information and documents which must be made available at all times to the Jersey Care Commission:

Corporate, legal and quality assurance

Care receiver records

Care/support worker records

Health and safety records

Medication records

Financial records including money and valuables held on behalf of people in the service

Appendix 3

Requirements for employment checks

1. Identification and Right to Work in Jersey

Before employing a successful candidate, an employer will check photographic identification, proof of address and residential and employment status in line with the requirements of the Control of Housing and Work (Jersey) Law 2012.

Employers will:

- Check the candidates' Registration Card is in date
- Check photographic identification (i.e. passport/driving license)
- Take a photocopy of the Registration Card and photographic identification
- Return the Registration Card to the applicant.

2. References

Reference requests will seek objective and factual information which will be used to support appointment decisions.

Services will seek the necessary written references to validate a minimum period of three consecutive years of continuous employment or training immediately prior to the application being made. The number and type of references obtained for each candidate may vary slightly, depending on whether the individual has held employment or has studied for a consecutive period of three years and/or how many episodes of employment or training they may have had during this time.

In all cases a minimum of two references will be requested directly from referees and not through a third party or the candidate themselves; references addressed to 'whom it may concern' will not be accepted.

One of the references must be the candidate's current or most recent employer and there must be a reference from their last care role if they are not currently working in a care role but have done previously.

Services will need to satisfy themselves that both referee and service are genuine, and references are provided by someone in a more senior position to the candidate. Where there is any concern or discrepancy in a reference received, a follow-up phone call to the referee should take place to verify the referee's identity and clarify the contents of the reference received. A record of the discussion should be kept.

The Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 states that "a registered person must share information with other registered persons, regulatory bodies and law enforcement agencies where to do so would assist in safeguarding care receivers from harm" (11(2)). Providing references is an important tool for safeguarding people who are receiving care and protecting them from harm and should happen as a matter of routine in the interests of public assurance that the expected safeguards are in place.

It is expected that all registered persons recognise the importance of providing full and complete references and will as a minimum provide the information outlined in the example below:

Confirmation of employment request (To be used after a conditional offer of employment)		
Name of applicant		
Date of birth		
Please confirm employment dates	From:	To:
Please confirm the applicant's current/most recent job title and grade if appropriate		
Please confirm the applicant's reason for leaving (if known)		
Are there any current warnings on the applicant's record?	Yes / No (please delete as necessary)	
If yes, please provide details:		
Is the applicant currently under investigation for any matter under any of your employment policies?	Yes / No (please delete as necessary)	
If yes, please provide details:		
Are you aware of any allegations that were made against the applicant that relate to any safeguarding issues/referrals (including any referrals to DBS / professional or regulatory bodies)?	Yes / No (please delete as necessary)	
If yes, please provide details:		
The answers given above have been provided in good faith and are correct to the best of my knowledge and belief.		
Referee name (Please print):		
Referee job title:		
Organisation:		
Contact details:	Email:	Telephone:
Signature:	Date:	

Failure to share information with other registered persons, regulatory bodies and law enforcement agencies where to do so would assist in safeguarding care receivers from harm is an offence which if prosecuted and convicted, the registered person would be liable to a fine of up to £50,000.

The Jersey Care Commission recognises that there may be circumstances where gathering references may be difficult, for example for school leavers or people returning to work after a long period away from the workplace. In these situations the Jersey Care Commission will expect to see evidence that services have done all that they can to ensure that the applicant is fit and suitable for the role by other methods which may include a character reference from a professional person, evidence of a higher level of supervision prior to assessment of competence or other verification of what the person has been doing.

3. Verification of Qualifications and Professional Registration

The candidate should be asked to provide proof of qualifications at interview. Only original certificates should be accepted, and copies must be kept in personnel files. If there is any uncertainty about the validity of any documentation, then it should be checked with the awarding or registering body.

If a candidate has claimed that they are registered with a professional or regulatory body (i.e. HCPC, NMC etc.) then their registration must be checked through the relevant local and national employer checking service. Registration checks must be undertaken, even if the registration is not required for the role.

4. Criminal Records and Barring Lists Checks

Candidates must not have any contact with people receiving care or support or have access to their personal information or data prior to the completion of all employment checks including receipt of the relevant criminal records and barring lists check. Unless the candidate has subscribed to the online DBS update service, then a new DBS check must be carried out by any new employer regardless of the date of any previous certificate applied for by another employer.

For candidates who have lived in or are from overseas, the application process for criminal record checks or 'Certificates of Good Character' varies from country to country. Further information is available from the UK Home Office website. www.gov.uk.

It is an offence under the Regulation of Care (Jersey) Law 2014 to employ a person who:

- Has been sentenced to a term of imprisonment (whether immediate or suspended), without the option of paying a fine; and is, in the reasonable opinion of the registered manager of the regulated activity unsuitable to work in that regulated activity or
- Appears on the barred list or has been convicted of an offence against a care receiver in any jurisdiction if the conduct would be an offence in Jersey.

If the DBS certificate reveals information that the applicant did not provide on their application, then the discrepancies should be raised with the person concerned to establish why it was not disclosed.

Information provided on a criminal record check is confidential and it is an offence for DBS information to be passed to anyone who does not need it in the course of their duties.

Providers will need to ask a person to see their certificate and keep a record of the relevant details as listed below:

- The date of issue of the check
- The full name and date of birth of the subject.
- The type of check requested.
- Whether the children's and/or adults barred list was checked and the outcome.
- The position for which the check was requested.
- The unique reference number of the check.
- The details of the employment decision taken, and
- Any additional information that may require periodic checks to be made, for example, any risk assessments undertaken. Although the Commission would not routinely expect to see hard copies of certificates, we have the power to use our discretion to ask for any relevant documents where we have concerns. This may include the DBS certificate.

DBS checks should be undertaken at least every three years, or more frequently as part of a service's or individual risk assessment.

Safer recruitment checks may highlight information which requires further scrutiny and consideration, for example criminal convictions or restrictions on an individual registration status (regulatory or professional body). Services should have established risk assessment processes in place to determine whether the applicant is suitable for the post.

Contracts of employment must include the employee's duty to declare any:

- Charges
- Convictions
- Professional registration changes or restrictions.

Appendix 4

Common statutory and mandatory training areas

Training Area	Purpose / Why It's Expected
Induction & Care Certificate	Builds foundational knowledge: communication, dignity, person-centred care
Health & Safety	Covers risk assessments, COSHH, hazard awareness
Fire Safety	Evacuation procedures, fire equipment use
Manual Handling	Prevents injury to staff and service users
Infection Control	Hygiene, PPE use, outbreak management
Safeguarding	Identifying and reporting abuse, legal responsibilities
Basic Life Support	Provider to determine if BLS, First Aid, or CPR is appropriate based on role and service. Typically expected for care staff.
First Aid	May be delivered separately or as part of BLS/CPR. Role-specific.
CPR	Included in emergency response training. Provider decides relevance.
Medication Management	Safe storage, documentation, handling of medication
Equality, Diversity & Human Rights	Promotes respectful, inclusive care
Capacity and Self Determination Law	Essential for care staff. Should be delivered alongside Consent and SROL.
Consent	Must be covered for all staff involved in care decisions.
SROL	Important for staff working in settings where restrictions may apply.
Dementia Awareness	Supports care for individuals with cognitive impairments
Mental Health Awareness	Recognizes and responds to mental health needs
Learning Disability & Autism	Ensures appropriate interaction and support
End of Life	Provider to determine relevance. Should be distinguished from Palliative Care.
Palliative Care	May overlap with End of Life but should be treated as distinct where applicable.
Emergency Response	Role-specific. Should include recognising deterioration and escalation protocols.
Escalation Procedures	May be integrated with Emergency Response or delivered separately depending on service.
Data Protection	Can be delivered with Confidentiality or separately. Provider decides format.
Confidentiality	Essential for all staff. May be part of broader Information Governance training.
Communication Skills	Supports effective, empathetic interactions
Whistleblowing	Ensures clarity and confidence in reporting.
Duty of Candour	Important for promoting transparency and accountability.

Appendix 5

Medication Management

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

1. Facilities and equipment for the storage of medication will meet the following requirements:
 - There will be an identified area for storing medication and medicinal products that is secure.
 - The storage of medication should be in suitable, secure cupboards. Where necessary there will be lockable trolleys to prevent unauthorised access to medication whilst they are being administered or sufficiently sized lockable drawers or cabinets in the person's room.
 - Controlled drugs administered by care/support workers must be stored in a locked safe, cabinet or other receptacle which is so constructed and maintained, having regard to the nature of the premises, as to prevent unauthorised access complying with the Misuse of Drugs (Jersey) Law 1978. Controlled drug registers will be maintained in line with legislative requirements.
 - Sufficient space will be provided to store, access and administer medication safely.
 - Hand hygiene facilities will be in close proximity to medication administration areas and maintained in line with infection prevention and control standards.
 - Provision will be made for medication to be stored under optimum environmental conditions (temperature, lighting etc.). Fridge and room temperatures (where medication is stored) will be monitored and recorded.
 - Provision will be made for people who self-administer medication to have a lockable drawer or cupboard in which to store them.
2. Written policies for the management of medication will be up to date, based upon best practice and cover all aspects of medication management
3. The initial assessment or referral from a health or social care professional should identify whether people will need to take medications and any support that may be required whilst attending the day care service.
4. Where care/support workers will be required to administer medications, arrangements should be 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 (a separate supply of medication that is required whilst attending the day care service).
5. Where appropriate, people should be supported to manage their own medication, even if this means only partial involvement or with support. This would include an appropriate risk assessment, which is kept under regular review. However, if they need or request support beyond occasional prompting or help with opening medication bottles, then prior written consent will be obtained (where possible)

from the person for the administration of any prescribed or non-prescribed medication. This consent will be kept on file.

6. People who attend day care services may be able to manage their own medication with no support from care workers. Registered persons must ensure that the medication is held by the person safely or where there may be risks to the person/others or if medication needs to be kept in certain conditions then suitable arrangements will be made for the safe storage of people's own medication.
7. For people who are supported with their medication, doses will be prepared immediately prior to their administration from the container in which they were dispensed.
8. There will be systems in place to ensure that the right medication is given to the right person, through the right route, at the right dose, at the right time and for the right reason, and that it is recorded in the right place. (Including an up-to-date photograph to assist with checking). An up-to-date signatory list (name, signature and initials) will be available to ensure accountability and traceability.
9. Medication will be administered on time and in strict accordance with the prescriber's instructions, changes to prescriptions must be authorised in writing by the prescriber which should be kept on file.
10. The act of administering medication in disguised or covert form should not occur, unless the person lacks capacity in this regard and there has been a formal best interest decision made. This must be recorded in the persons care plan.
11. The service shall ensure that people's behaviour is not controlled by excessive or inappropriate use of medication.
12. There will be parameters for the use of 'as required' (PRN) medication in the form of PRN protocols, which are developed in accordance with the prescriber's instructions and the person's care plan. Any administration of PRN medication should be appropriately recorded.
13. Systems will be in place to ensure non-prescribed medication is managed in accordance with medical advice. Any non-prescribed medication administered by care/support workers will be appropriately recorded.
14. There will be systems in place to monitor refusals, omissions, adverse drug reactions and any other concerns about medication and where likely to have an adverse effect on health will be reported to the prescriber.
15. The service engages with healthcare professionals in relation to reviews of medication at appropriate intervals.
16. Care/support workers will have access to up to date information relating to relevant legislation, medication reference sources and guidance with respect to the safe and secure handling of medication.
17. Systems will be in place to manage the ordering of prescribed medication to

ensure adequate supplies are available and to prevent wastage.

18. Medication will be safely returned for disposal when discontinued by the prescriber or if unfit for use. Appropriate records must be kept.
19. There will be effective incident reporting systems in place for identifying, recording, reporting, analysing and learning from incidents and near misses involving medication and medicinal products.
20. There will be effective systems in place to audit all aspects of the management of medication.

Appendix 6

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 incidents, accidents or other events that have posed or may pose a risk of harm to care receivers as the Commission may specify in such manner as the Commission may specify.

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

1. Missing
2. Deprivation of Liberty – to include SROLs and Mental Health Law detentions
 - a. SROL
 - b. Mental Health Detention
 - i. under Article 21 (28 days for assessment)
 - ii. under Article 22 (treatment for up to 6 months)
3. Events that impact service
 - a. Infectious diseases
 - b. Damage to premises
 - c. Fire
 - d. Safety equipment
 - e. Theft
 - f. Burglary
 - g. Staffing levels
 - h. Disruption to utilities
4. Incident where harm has occurred
 - a. Fall event
 - b. Fracture of neck of femur
 - c. Other Fracture
 - d. Incident where medical attention was sought
 - e. Medication error
5. Pressure ulcers, grade 2 and above
 - a. Pressure ulcers, grade 2 and above
 - b. Deterioration of previously notified pressure ulcer
6. Adult being a victim or perpetrator of a serious assault
7. Death of Adult
8. Allegation against staff member/volunteer or care receiver

Appendix 7

Requirements for buildings and premises

The following set of requirements will apply to any **new** services or building extensions. All other services will already be complying with these requirements.

Premises and grounds

1. The building and grounds will be designed to comply with all current relevant legislation and guidance documents. Certificates and commissioning documents with regard to engineering services and plant, and approval letters and letters certifying completion of works from other agencies and authorities will confirm this.
2. There will be car parking spaces for people, visitors and staff consistent with the number of people the day care service is registered for and the number of people employed.
3. There will be clear access to and egress from the setting for emergency and other vehicles, and there will be suitably sized turning spaces for service vehicles using the site.
4. There will be areas for people to get on and off transport safely that are illuminated and offer some protection against the elements.
5. Where the service includes outdoor access there will be safe outdoor space with seating, accessible to all including those with physical disability or sensory impairment. The outdoor environment will promote leisure and therapeutic opportunities and stimulate sociable activity for all. In day care services registered to support people living with dementia, there will be a secure perimeter compliant with the Capacity and Self Determination (Jersey) Law.
6. Front entrance doors will be semi-automatic as a minimum and in facilities where people need assistance with walking or use wheelchair, consideration should be given to having doors in activity areas fitted with hold open devices or that are free-swing and linked to the fire alarm system.
7. The doorways will have a clear opening width of at least 800mm, but where people need assistance when walking or use wheelchairs, wider doorways will be necessary.
8. Corridor doors will have vision panels and where people need assistance when walking or use wheelchairs, there will be level access thresholds at all doors.
9. The minimum corridor width in areas accessed by people will be 1.2m unobstructed between handrails, but where people need assistance when walking or using wheelchairs, a minimum width of between 1.5m and 1.8m must be in place.

10. All areas occupied or used by people will be accessible to them through the provision, where necessary; of ramps, lifts (large enough to accommodate a stretcher), other facilities and signage.
11. Where necessary to meet the requirements of the people using the day care service there will be suitably positioned hand and grab rails, moving and handling equipment, ambulatory aids, communication aids and other equipment including assistive technology, which promote independence in all areas occupied or used.
12. According to the needs of the people who use the service, accessible call points will be provided in areas where people are likely to be alone, toilets and washrooms. These will be linked to a system that alerts care/support workers that assistance is required.
13. There will be both natural and good quality artificial lighting in all areas suitable for the needs of people and any activities planned for each room. The artificial lighting in areas will be domestic in character, sufficiently bright and positioned to facilitate reading and other activities. The recommended lighting level in toilets is between 100-200 lux.
14. All areas used by people will be naturally ventilated, have opening windows with safety glazing and guarding where necessary. Window openings are controlled to a safe point of opening of no more than 100mm and cannot be overridden. Frosted or obscured glass will be fitted as required to ensure privacy.
15. The heating system will be controlled within safe limits for people's comfort in areas accessed and used by them and will be able to provide a range of temperatures throughout the building.
16. Furniture and fittings will be suitably designed for the activities that take place in the room and the people who will use them. They must incorporate ergonomic design principles that promote user independence and safe moving and handling procedures. Any moving and handling equipment or mobility aids should be positioned or stored in an appropriate area and take account of the collective and individual mobility needs of the people using the service including those with sensory impairments.
17. Floor coverings, wall finishes and soft furnishings will be suitable for the purpose of each room and meet health and safety and infection control requirements. Finishes that produce glare, dazzle and optical illusions will be avoided, and where people use wheelchairs, floor coverings will have non-directional pull.
18. According to the statement of purpose and needs of the people using the service for example those with visual impairment, changes in the texture of floor coverings or other indicators must be considered to identify key areas, for example doorways, or the top or bottom of stairs.

19. There will be arrangements in place to ensure the accommodation can operate in the event of a utility service failure.

Space for activities

20. The minimal space per person (excluding corridors and circulation areas) will be at least 4.5m² for each person, except for computer suites where 3.0m² will be adequate. Where people have high dependency needs, a minimum space of 7.5m² is recommended.
21. Having a range of size of rooms provides flexibility for organising activities and where the varied needs of people can be met. According to the needs of people who use the day care service rooms may include:
- A room where meetings can take place in private.
 - A facility for people to make or get drinks and snacks.
 - A quiet room with something to rest on
 - A room where telephone calls can be made or received in private.
22. The design of the dining space will take into consideration the number of people who can eat comfortably together at one time. The space required for dining is at least 1.5m²/person, however where people have high dependency needs the space will be greater.

Toilet and washing facilities

23. There will be separate toilets for ambulant people, at least one wheelchair accessible unisex toilet and a toilet facility for visitors.
24. Each toilet facility will:
- Be clearly marked and conveniently located
 - Be fully and separately enclosed.
 - Have suitable hand washing and drying facilities to meet infection control guidelines
 - Have a door that opens outwards which will not be unduly hazardous to anyone passing by.
25. Toilets for ambulant, semi and assisted-ambulant people are a minimum of 3m².
26. Toilets for people who use a wheelchair independently or require the assistance of one person are a minimum of 4.5m² and at least 2m long.
27. Toilets for people who use a wheelchair and require the assistance of two people are a minimum of 5.5m² and at least 2m long.

28. Where the service provides personal care there will be adequate bath and shower facilities.
29. Bathrooms for ambulant people, people who require assistance and people who use a wheelchair independently will be a minimum of 8.5m².
30. Bathrooms for people who require the use of a hoist are a minimum of 16m².
31. Shower rooms for ambulant people, people who require assistance and people who use a wheelchair independently are 7m² (non-linear layout) and 7.5 m² (linear layout), and are level access.
32. Locks and handles on toilets, bathroom and shower room doors will be easy to operate and allow care/support workers immediate access in an emergency. Handrails will be in place in toilets and bathrooms.

Clinical or treatment room

33. Where a clinical or treatment room is provided there will be space within the rooms to undertake procedures such as application of dressings, health checks or podiatry treatments.
34. The clinical or treatment room will have a clinical hand washing facility. There will be a range of high- and low-level lockable cupboards for the safe, secure storage of clinical equipment, and approved containers for the collection, storage and disposal of clinical waste including sharps.

Infection prevention and control

35. There will be hand-washing equipment (wash hand basins, liquid soap dispensers, disposable paper towels and pedal operated bins) in all areas where care is provided. Hand sanitizers will be in place throughout the home.
36. Approved containers that are suitable for the type of waste generated will be provided in all areas of the home. Waste audit data is recorded and will be available for inspection.
37. Wheeled bins for clinical waste will be provided that allow for 'single handling' of the waste in a secure outside area.

Sluice rooms - Dirty Utility

38. Where provided, sluice rooms will be located away from areas where food is stored, prepared, cooked or eaten.
39. Sluice rooms will be ventilated, lockable and equipped with facilities for disposal of clinical waste including disposable continence products, and for cleaning and disinfecting soiled items in accordance with relevant guidelines. A lockable COSHH cupboard should be located in this room if required.

40. Separate hand-washing facilities that meet infection prevention and control guidelines will be provided in sluice rooms.

Laundry

41. Where laundry facilities are provided or a laundry is used as part of the programme, it will be located away from communal areas and areas where food is stored, prepared, cooked or eaten. The laundry will be suitably ventilated and will allow the separation of soiled items from clean clothes and linen.
42. Laundry equipment will include a sink with drainer, washing machine with (if required) a sluicing facility and a specified programme to meet disinfection standards, and a tumble drier that is vented externally.
43. If required, there will be safe facilities for ironing.
44. Separate hand-washing facilities that meet infection prevention and control guidelines will be provided in laundries.

Catering areas

45. The catering facilities and equipment will be adequate for the method of food provision and for the number of people who attend the day care service. Consideration will be given to the provision of separate cooking areas to accommodate specific cultural or religious catering needs.
46. Catering areas will comply with Food Hygiene legislation and best practice. All relevant records will be maintained and available for inspection.

Storage

47. There will be provision for the secure storage of all required records.
48. Secure facilities will be provided for the safekeeping of money and valuables held on behalf of people.
49. Each activity room will have allocated storage areas equivalent to approximately 10% of the total activity area and located in close proximity to the activity room. Where people have high dependency needs the space will be greater and equivalent to approximately 15% of the total activity area.
50. There will be personal lockers or lockable spaces for people to use.
51. There will be storage space for cleaning materials and equipment that is ventilated and lockable. In larger facilities, there will be a cleaner's store with separate hand-washing facilities that meet infection prevention and control guidelines. (An average size for a storeroom for cleaning materials is between 5.5m² and 7.5 m²).

52. Gas and other fuel storage facilities will comply with any relevant legislative requirements and good practice guidance.

53. Where necessary there will be external storage space for garden furniture, equipment and other items.

54. Where necessary, there will be an area for charging batteries for equipment.

Staff facilities

55. There will be staff facilities, including at least one office, consistent with the required number of people who use the service.