



Jersey Care
Commission

INSPECTION REPORT

**Child and Adolescent Mental Health
Service (CAMHS)**

**Liberte House
19-23 La Motte Street
St Helier
JE2 4SY**

**Inspection Dates
13 and 14 November 2025**

**Date Published
17 February 2026**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), all services carrying out any regulated activity must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is the third annual inspection of the Child and Adolescent Mental Health Service (CAMHS). The service is operated by the Government of Jersey through the Children, Young People, Education and Skills department (CYPES) department, and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Child and Adolescent Mental Health Service
Mandatory Conditions of Registration	
Type of care	Social Care
Categories of care	0-18 years, Autism, Learning Disability, Mental Health
Age range of care receivers	0-18 years
Discretionary Conditions of Registration	
A discretionary condition attached to the registration was removed on 2 September 2025. This condition related to the Registered Manager attaining a Level 5 qualification in Leadership and Management which has been completed.	
Additional information	
None.	

As part of the inspection process, the Regulation Officers evaluated the service's compliance with the mandatory conditions of registration required under the Law. The Regulation Officers concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection visit was given to the Registered Manager and Head of Children’s Health and Wellbeing, 12 weeks before the first inspection day. This was because the inspection methodology requires the completion of a self-review prior to the inspection. The service was given 12 weeks to complete the self-review and submit evidence demonstrating how the standards they rated as met were being achieved.

The inspection was carried out by two regulation officers from the Commission, in collaboration with a visiting review team from the Royal College of Psychiatrists’, Quality Network for Community CAMHS (QNCC). Together, they are referred to as the Inspection Team. This approach was chosen to ensure the inspection benefited from the team’s expert knowledge and extensive experience in children’s mental health services across the United Kingdom (UK), as well as their proven ability to assess and support improvements in the quality of care provided.

Inspection information	Detail
Dates and times of this inspection	13 November 2025 09:30 – 16:30 14 November 2025 09:30 – 17:30
Number of areas for improvement from this inspection	Four
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	27 and 28 November 2024 Two RPT CAMHS 20241128.pdf

3.2 Focus for this inspection

The inspection focused on the Assessment and Crisis Team within CAMHS, as this area has not been the focus within previous inspections. As the primary access point to the service, and the key interface for young people who may require inpatient care, it plays a crucial role in early intervention and crisis management.

The service took part in a comprehensive review covering the following sections of the service standards:

- Statement of purpose
- Service management and leadership
- Staff recruitment and support
- Access, referral and assessment
- Care and intervention
- Information, consent and confidentiality
- Rights and safeguarding
- Transfer of care
- Multi-agency working
- Staffing and training
- Environment and facilities

This inspection also included a focus on the areas for improvement identified at the previous inspection on 27 and 28 November 2024.

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, two areas for improvement were identified, and an improvement plan was submitted to the Commission by the Registered Provider, setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that:

- Overall, there were positive responses within the parent/carer and young people's surveys and feedback sessions, indicating that they have been involved in developing a care plan, and had received a copy of this. However, the team have not completed an audit of care plans being shared with families, as agreed in last year's area for improvement response. Therefore, this area for improvement remains.
- The team have worked exceptionally hard to advocate for the shared prescribing of controlled medication. This change requires support from the legal system and from general practitioners (GPs) which has been unsuccessful and has not been secured. The service reported they are pursuing this operationally in collaboration with the Chief Pharmacist and the Director of Mental Health and Adult Social Care, in order to reduce the clinical burden on prescribers within the team and enhance accessibility for children and young people who receive prescriptions through CAMHS. This work is ongoing and continues to present challenges and therefore remains an area for improvement.

4.2 Observations and overall findings from this inspection

The Inspection Team noted significant environmental improvements since the last inspection, including enhanced clinic space and the introduction of a staff board. It was also positive to hear that these improvements will be carried forward to the new site.

The Inspection Team also observed significant progress in policies that have been developed. It is encouraging to note that improvements are made year on year, with a number of high-quality policies now in place for the CAMHS service.

The 'You Said, We Did' board in reception is updated regularly and is a great way to feedback changes to young people and their parents/carers. In addition, the Government of Jersey Complaints Policy is well-designed and child friendly, and the accompanying video is highly effective.

Frontline staff reported feeling well supported, describing an open, inclusive, and positive culture within CAMHS, with no perceived power imbalances.

Partner agencies praised the expanded out-of-hours provision for significantly improving timely support for young people experiencing crisis.

There were gaps in staff training compliance across several areas, including Basic life support (BLS), Safeguarding, and physical health assessments, this is an area for improvement.

The Assessment and Crisis team also has gaps in completing annual appraisals, particularly for long-term agency staff, and clinical supervision is not consistently provided on a monthly basis. This is an area for improvement.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The CAMHS Standards were referenced throughout the inspection.¹

Prior to the inspection, all the information held by the Commission about the service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, and notification of incidents.

As well as the self-review workbook, data was collected from a range of sources.

Source	No. of questionnaires returned
Parents/Carers Questionnaire	11
Young People's Questionnaire	11
Staff Questionnaire	16
Referrers Questionnaire	6
Service Manager Questionnaire	1
Case Note Audit	10

Interviews

Information was collected through various interviews containing a combination of open and closed questions.

Young People – 2

Parents/Carers – 3

Partner Agencies – 4

Frontline Staff – 6

The Inspection Team also had discussions with the service's management and other staff.

As part of the inspection process, records including policies, care records, complaints, and risk assessments were examined.

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.je/>

At the conclusion of the inspection visit, the inspection team provided feedback to the Registered Manager, and members of the leadership and management team.

This report sets out our findings and includes any areas of achievements identified during the inspection. Where areas for improvement have been identified, these are described in the report, and an improvement plan is attached at the end of the report.

5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
Care Plans	Care receiver records Survey results from Carer/Parents, Young people Feedback from Carer/Parents
Shared Prescribing	Survey results from Carer/Parents, Young People Discussion with the senior management team
New key lines of enquiry	
Focus	Evidence Reviewed
Statement of purpose	Review of Statement of Purpose
Service management and leadership	Sample of policies and procedures Feedback from parent and carers Fire procedures logbook
Staff recruitment and support	Feedback from staff
Access, referral and assessment	Sample of risk assessments Feedback from partner agency Review of CAMHS website Feedback from parent and carers
Care and intervention	Feedback from Children and young people Feedback from staff Review of records Parent carer and young people survey
Information, consent and confidentiality	Review of CAMHS Annual Report 2024 Review of records
Rights and safeguarding	Policies and procedures Discussion with management team Feedback from staff
Transfer of care	Feedback from partner agencies
Multi-agency working	Policies and procedure Feedback from partner agencies
Staffing and training	Training Matrix Supervision and appraisals spreadsheet
Environment and facilities	Environmental tour Feedback from parents and carers

6. INSPECTION FINDINGS

Statement of purpose

The child friendly video on the Children and Young People's Emotional Wellbeing and Mental Health Strategy is excellent. It ensures that young people can access information in a format that is both accessible and engaging.

The 'You Said, We Did board' in the reception area is updated regularly and provides an effective way to feedback changes to young people and their parents/carers. Additionally, the Government of Jersey Complaints Policy is well-designed and child friendly, and the accompanying video presents the information clearly and accessibly.

When reviewing the Statement of Purpose, it was recommended that job titles and staff names be removed from key documents such as the Statement of Purpose to avoid unnecessary updates when staff changes occur.

Service management and leadership

The review team noted significant progress in policies that have been developed. It was encouraging to note that improvements continue year on year, with a number of high-quality policies now in place for the CAMHS service.

Although CAMHS has made substantial progress towards developing and embedding policies and procedures, the following areas require further development.

- The crisis and out-of-hours protocol has not yet been ratified. The Inspection Team recommends finalising and implementing this as a priority to ensure all staff understand the service parameters and can respond appropriately in urgent situations.
- The Whistleblowing policy would benefit from clearer alignment with standard 1.5.

- A written procedure is also required to guide staff on how to respond when inpatient beds are needed but not immediately available. Although senior managers are aware of the current process, it is essential that this is set out in a formalised document.
- The staffing policy should be updated to include the required number of staff, and the appropriate skill mix necessary for the service to operate effectively. The policy should include the expected response time of a senior clinician to attend the base within one hour as highlighted in Standard 10.1.
- The team may also wish to consider adapting Health and Care Jersey (HCJ) documents to better reflect the specific needs of the CAMHS service.

There is currently no evidence of a mechanism for identifying and escalating system-wide commissioning gaps. The team should establish a clear process for highlighting commissioning gaps. For example, they should collect data to identify any trends and gaps, which could then be linked with waiting time data. This will enable the service to explore solutions and ensure appropriate support for young people with complex needs.

CAMHS are working towards establishing an audit programme across a range of practice areas; however, there are still areas for development. The antipsychotic medication audit reviewed was of good quality, but additional medication audits are necessary to ensure comprehensive oversight. The team should also ensure that audits of children's records and reports take place on a regular cycle, with a clear focus on compliance, impact, and outcomes.

Finally, the team should also explore creating additional spaces or forums for families to come together to share their experiences and provide support to each other.

Staff recruitment and support

It was encouraging to hear that frontline staff reported feeling well supported. They described an “*open door*” and “*inclusive culture*” within CAMHS, highlighting a “*lovely, supportive culture*” across the team. Notably, staff reported they feel well supported by their managers and by the doctors within the service and expressed that there are no perceived power imbalances.

Access, referral and assessment

The risk assessment and management plans reviewed were of a high standard and designed in a child-friendly format, supporting young people with clear, up-to-date and accessible information.

The Director for Mental Health and Adult Social Care highlighted several notable achievements within CAMHS, including significant improvements to waiting times and appointment scheduling which has been supported by better triaging through the Children and Families Hub.

The team were unable to provide data on waiting times for mental health assessment and treatment. Additionally, there is no clear information on waiting times on the CAMHS website or within outcome letters, and parents/carers spoken to in feedback sessions were unsure of how long they would have to wait for their first appointment.

The CAMHS website also states that referrals can only be made by professionals, and there are no references of making a self-referral. CAMHS should ensure transparency around waiting times and clarify referral routes, including whether self-referrals are possible. Improved communications in these areas could help manage expectations and enhance public perception, as actual waiting times may be shorter than assumed. This is particularly important for the Crisis and Assessment Team, who can see young people quickly.

While partner agencies highlighted the extended out-of-hours crisis provision as a key achievement, some uncertainty remains regarding the scope and parameters of this service. Parents and carers also expressed confusion about the crisis pathway, including how many sessions would be available for their child. The service should clearly define and communicate the crisis offer, including the parameters of the out-of-hours provision, expected waiting times, and how young people will be supported. The review team recommends improving visibility by publishing this information within a crisis specific welcome pack, and on the service's website, including the crisis contact number, operating hours, and a clear outline of the pathway.

Care and intervention

It was encouraging to hear young people speak positively about their experiences with staff, describing them as "*lovely*" and "*respectful*."

Frontline staff also reported that they feel the Assessment and Crisis team's responsiveness and hybrid model is an achievement as it enables the service to provide young people with timely and appropriate support.

The team reported difficulties in recording whether care plans are shared with families on Care Partner, the current electronic record system, due to system limitations. Overall, there were positive responses within parent/carer and young people's surveys and feedback sessions, indicating that they have been involved in developing a care plan, and that they had received a copy of this. However, the team have not completed an audit of care plans being shared with families, as agreed in last year's area for improvement response, and therefore this standard remains as an area for improvement.

The Inspection Team recommend that practitioners record when care plans are shared with young people and their parents/carers. The team are changing their electronic record system which may support with this in the future. However, in the interim, the team should record this manually in order to demonstrate that care plans are routinely shared with young people and parents/carers.

The team have worked exceptionally hard to advocate for the shared prescribing of controlled medication. However, progress has been hindered by the need for support from both the legal system and General Practitioners (GP's) which has not yet been secured. The service reported they are pursuing this operationally in collaboration with the Chief Pharmacist and the Director of Mental Health and Adult Social Care, with the aim to reduce the clinical burden on prescribers within the team. This work is ongoing and continues to present challenges. As result, this remains an area for improvement.

Parents and carers expressed a desire for greater support, communication, and involvement in their child's care. For example, parent/carers highlighted that having dedicated time to discuss concerns and share additional information, separate from their child's appointment, would be highly beneficial. They also mentioned that more resources of support, such as written information or groups/courses could be helpful. Finally, it was raised that a parent/carer forum would be supportive. The team should routinely provide parents and carers with opportunities to speak with their child's key clinician, ensuring their perspectives and concerns are fully considered. The team could also explore creating a parent/carer specific welcome pack to ensure families receive key information as soon as they access the service.

Information, consent and confidentiality

The CAMHS Annual Report 2024 was well-presented, with clear presentation of key information and data.

Rights and safeguarding

Policies addressing the specific safeguarding needs of young people who are looked after were found to be detailed and comprehensive.

The team has agreed responses to alarm calls. However, staff currently take personal alarms into appointments only when a risk has been identified, rather than as standard practice.

Staff should routinely carry personal alarms for all appointments, as relying on a risk-assessed approach may not provide sufficient protection. Young people's needs can be unpredictable, particularly for those seen by the Assessment and Crisis Team.

Transfer of care

Frontline staff confirmed that they work collaboratively with the local paediatric ward; however, they acknowledged that the working relationship could be further strengthened. This view was echoed by the Director of Mental Health and Adult Social Care, who noted that paediatric ward staff can feel anxious when caring for young people with acute mental health needs, particularly when they have not received appropriate specialist training, and, CAMHS staff have not always provided adequate support, for example, by allocating less experienced locum staff instead of suitably experienced staff.

It was encouraging to note that a plan is in place to further strengthen collaboration between the paediatric ward and the CAMHS team. This plan includes joint training sessions and dedicated time for staff from both services to work together. The plan benefits from senior leadership oversight, with clear timescales and actions identified.

Frontline staff suggested that greater separation between mental health and paediatric patients on the paediatric ward would be beneficial. The review team recommends exploring the creation of a dedicated bay within the ward to support clearer separation of these patient groups and ensure that the needs of young people are effectively met.

Multi-agency working

Most partner agencies who provided feedback highlighted the expanded out-of-hours provision as a major success. They reported that it has significantly improved support for young people in crisis, ensuring timely and appropriate care for vulnerable individuals.

The Associate Director for Children highlighted strengths of the service, emphasising the CAMHS team's collaborative and child-centred approach. They noted that daily multi-agency meetings and well-defined mental health pathways within the Children and Families Hub help support children and parent/carers.

A representative from the Multi-Agency Safeguarding Hub (MASH) stated that the integration of a dedicated mental health practitioner within the MASH team has significantly improved early identification and support for young people with mental health needs. This was also reiterated by a representative from the Children and Families Hub.

Staffing and training

The Assessment and Crisis team is not currently compliant with appraisal requirements, as several long-term agency staff do not currently receive an annual appraisal. Additionally, evidence seen indicates that clinical supervision is not consistently delivered on a monthly basis. It is essential that all clinical staff receive regular monthly supervision to provide a dedicated space for discussing challenges, reflecting on practice, and raising concerns. The service should implement measures to reduce cancellations and ensure supervision is prioritised, for example by creating a system for monitoring and flagging if supervision has not taken place. The review team also recommends that CAMHS develop an internal process to conduct yearly appraisals for agency staff. This will support their ongoing development needs and ensure that performance is regularly reviewed in accordance with service standards. This is an area for improvement.

The review team identified significant gaps in staff training compliance across several areas. These include:

- Basic Life Support
- Capacity and Self-Determination (Jersey) Law
- Safeguarding Vulnerable Adults and Children
- Recognising and Communicating with Young People with Cognitive Impairment or Learning Disabilities
- Physical Health Assessment

CAMHS should ensure that all mandatory training is completed during induction and refreshed as required. This requirement applies to all staff, including agency staff. This is an area for improvement.

The review team also considered that staff should complete physical health assessment training every three years rather than as a one-off requirement. As this training is currently delivered internally by the Lead Nurse (and co-designed with medical staff), the service could also explore commissioning an external provider to deliver a recognised and accredited programme. This would also help ensure that update requirements are clear and aligned with best practice.

Environment and facilities

The space available at the CAMHS clinic is excellent. There are ample waiting spaces for young people, which are nicely decorated and provide clear information about the service. Quieter spaces are also available for families upstairs for families who would prefer a more private environment. Staff have access to sufficient office space and IT equipment, which allows them to access key information efficiently. In addition, the Assessment and Crisis team has access to their own dedicated clinic room ensuring that they can see young people requiring urgent appointments promptly.

The Inspection Team was particularly impressed by the improvements made to the environment since last year's inspection, including the introduction of a staff board displaying staff names, job titles and photographs. Although the team will be relocating next year, it was encouraging to see the improvements and enhancements to current clinic space and to hear that these developments will be carried forward to the new site.

Parents/carers and young people also described the clinic environment as welcoming. It was especially positive to hear young people highlight the reasonable adjustments that had been put in place to support their attendance to the clinic.

Young people's experience:

The crisis team are fantastic.

[I'm] treated with respect.

[Staff] are lovely.

I wouldn't change anything.

They've given me a quiet space, lots of reasonable adjustments for my ASD.

Everyone is respectful.

Parents/carers experience:

Staff] listen and the person [my child] sees is very observant and remembers things from previous appointments. [They] have been able to paint a picture of [my child].

The CAMHS base [is a] nice environment [with] things to fiddle with.

[There is] good flexibility around appointments.

It is a lovely welcoming environment, child friendly [with] pleasant staff.

There is a choice for appointments.

The recent information we have received has been clear, consent has been explicit, and information consistent.”

The separate waiting area is really good... [it's] quite a nice and comfortable space.

Some staff are very good they show empathy and give good engagement.

We have met some fantastic practitioners along the way.

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 5.1.2 Regulation 5</p> <p>To be completed: by 14 May 2026</p>	<p>Continue to ensure that young people and their families are actively involved in co-producing their care plans. Ensure that copies of care plans are consistently provided to young people. A programme of regular audits should be established to maintain consistency and evidence compliance.</p> <hr/> <p>Response by the Registered Provider:</p> <p>In accordance with our current practice CAMHS will continue to ensure that care plans are provided to young people and their families.</p> <p>Oversight of care plans is already in place. CAMHS will ensure that future, audit activity is improved and compiled into an audit summary.</p>
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<p>Area for Improvement 2</p> <p>Ref: Standard 5.2.2</p> <p>Regulation 14, 15</p> <p>To be completed: by 14 November 2026</p>	<p>The provider and CAMHS should continue to work collaboratively with the Government of Jersey to progress improvements in prescribing of controlled medication. This will help enhance accessibility for children and young people who receive prescriptions through CAMHS.</p>
	<p>Response by the Registered Provider:</p> <p>CAMHS will continue to work collaboratively to ensure effective prescribing within best practice guidelines, recognising that prescribing practice is limited by clear rules and guidance on the prescribing of controlled medication.</p>

<p>Area for Improvement 3</p> <p>Ref: Standard 10.3</p> <p>Regulation 17</p> <p>To be completed: by 14 May 2026</p>	<p>The provider must strengthen compliance with staff appraisal and supervision processes to ensure that all staff receive regular, recorded oversight that supports professional development, accountability, and safe, effective practice.</p>
	<p>Response by the Registered Provider:</p> <p>CAMHS has a 100% compliance with substantive employees' appraisals as monitored on the connect system at a Department and Government level.</p> <p>Going forward CAMHS will ensure to have better oversight of agency appraisals and build this into their regular supervision.</p>

<p>Area for Improvement 4</p> <p>Ref: Standard 10.5</p> <p>Regulation 17</p> <p>To be completed: by 14 May 2026</p>	<p>The service must ensure all staff receive role-appropriate training, completed during induction and maintained through ongoing continuing professional development. This is essential to support safe, effective practice and to ensure staff remain competent in their roles.</p>
	<p>Response by the Registered Provider:</p> <p>CAMHS already has excellent compliance with the Government of Jersey statutory and mandatory training for staff.</p> <p>What is not clear is what training the JCC requires CAMHS to have in place to meet professional standards.</p> <p>We request a meeting with the JCC to identify priority areas for training, as the level of training expected is vast and impact clinical delivery. There thus needs to be a sensible balance found to this area.</p>

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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