



Jersey Care Commission
Care Standards
Service Specific Requirements
Community Mental Health Services

Safe
Effective
Caring
Responsive
Well-led

SAFE

Standard 2. Learning Culture

We have a positive and proactive culture of safety based on openness and honesty. We listen to safety concerns, investigate and report safety events thoroughly, and learn from them to improve and embed good practices.

What this means to people:

I can voice safety concerns and the service takes these concerns seriously, investigates thoroughly, and learns from any safety incidents to improve practices.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 17 Workers
Regulation 22 Complaints and representations
Regulation 71 Requirements in respect of complaints procedure

2.2 Service Specific Requirements

- 2.2.1 Systems are in place to enable staff members to quickly and effectively report incidents and managers encourage staff members to do this.
- 2.2.2 When mistakes are made in care this is discussed with the patient themselves and their carer, in line with Duty of Candour.
- 2.2.3 Lessons learned from untoward incidents and complaints are shared with the team and the wider organisation. There is evidence that changes have been made as a result of sharing the lessons.
- 2.2.4 The team use quality improvement methods to implement service improvements.
- 2.2.5 The team actively encourages patients and carers to be involved in quality improvement initiatives.

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Standard 3. Safe systems, pathways and transitions

We work with people and our partners to establish and maintain secure care systems. We manage, monitor, and ensure safety. We make sure that care is continuous, even when people move between different services.

What this means to people:

I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening. When I move between services, settings or areas, there is a plan for what happens next, who will do what, and all the practical arrangements are in place.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared responsibilities

3.2 Service Specific Requirements

- 3.2.1 The service reviews data at least annually about the people who use it. Data are compared with local population statistics and actions taken to address any inequalities of access that are identified.
- 3.2.2 Everyone can access the service using public transport.
- 3.2.3 The service provides information about how to make a referral and waiting times for assessment and treatment.
- 3.2.4 A clinical member of staff is available to discuss emergency referrals during working hours.
- 3.2.5 Referrals are made through a single point of access to the Crisis Resolution Team, these are passed on to the community team within one working day following initial assessment.
- 3.2.6 The team assess patients, who are referred to the service, within an agreed timeframe.

3.2.7 Patients know who is co-ordinating their care and how to contact them if they have any questions.

3.2.8 The team has a timetabled meeting at least once a week to discuss allocation of referrals, current assessments and reviews. Referrals that are urgent or that the team feel do not require discussion can be allocated before the meeting.

3.2.9 Every patient has a written care plan, reflecting their individual needs. Staff members collaborate with patients and their carers (with patient consent) when developing the care plan and they are offered a copy. The care plan clearly outlines:

- Agreed intervention strategies for physical and mental health
- Measurable goals and outcomes
- Strategies for self-management
- Any advance directives or statements that the patient has made
- Crisis and contingency plans
- Review dates and discharge framework

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Standard 4. Safeguarding

We work with people to understand what safety means to them and with our partners to make it happen. We focus on improving people's lives while protecting their right to live safely, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect. We make sure that we share concerns quickly and appropriately.

What this means to people:

I am listened to, respected and know that my identity and personal safety matters. Care providers and partners work together to make sure I am kept safe from harm, bullying, and discrimination.

Relevant regulatory requirements

Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding

4.2 Service Specific Requirement

- 4.2.1 The team follows up patients who have not attended an appointment/assessment. If patients are unable to be engaged, a decision is made by the assessor/team, based on patient need and risk, as to how long to continue to follow up the patient.
- 4.2.2 If a patient does not attend for an assessment / appointment, the assessor contacts the referrer. If the patient is likely to be considered a risk to themselves or others, the team contacts the referrer immediately to discuss a risk action plan.
- 4.2.3 The team records which patients are responsible for the care of children and vulnerable adults and takes appropriate safeguarding action when necessary.

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Standard 5. Involving people to manage risks

We work with people to understand and manage risks. We think about the person as an individual, so that care is safe and supportive and helps people do the things that matter to them.

What this means to people:

- I feel safe and am supported to understand and manage any risks
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening
- If my treatment, including medication, has to change, I know why and am involved in the decision
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place
- I have considerate support delivered by competent people
- I can get information and advice about my health, care and support and how I can stay as well as possible – physically, mentally and emotionally.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 18 Premises and equipment

5.2 Service Specific Requirements

- 5.2.1 The service asks patients and carers for their feedback about their experiences of using the service and this is used to improve the service.
- 5.2.2 Services are developed in partnership with appropriately experienced patient and carers and have an active role in decision making.
- 5.2.3 Patients are actively involved in shared decision-making about their mental and physical healthcare, treatment and discharge planning and supported in self-management.

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Standard 6. Safe Environments

We detect and control possible risks in the care environment. We make sure that the equipment, facilities, and technology support the delivery of safe care.

What this means to people:

- I feel safe in the care environment
- I am protected from harm caused by the use of faulty equipment
- I am protected from harm caused by any defect in the building where my care is provided
- Staff who care for me, or support me, are trained to operate equipment and know what to do when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 9A Need for consent
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 18 Premises and equipment

6.2 Service Specific Requirements

6.2.1 The environment is clean, comfortable and welcoming.

6.2.2 Clinical rooms are private, and conversations cannot be overheard.

6.2.3 The environment complies with current legislation on disabled access. Relevant assistive technology equipment, such as handrails, are provided to meet individual needs and to maximise independence.

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

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

- 6.2.5 There is a system in place (e.g. panic buttons or personal alarms) and this is easily accessible for staff to raise the alarm. Guidance: This includes at the team's base and for lone working.

- 6.2.6 An audit of environmental risk is conducted annually, and a risk management strategy is agreed.

- 6.2.7 Staff members have access to a dedicated staff room.

SAFE

Standard 7. Safe and effective staffing

We make sure there are enough qualified, skilled, and experienced staff who are well supported and receive effective supervision and development. They work together effectively to provide safe care that meets people's individual needs.

What this means to people:

- I always receive safe care and treatment delivered by competent staff
- Staffing levels and skills are planned and reviewed to provide safe care
- I know who my named nurse or key worker is and know how to contact them

Relevant subtopics covered by this standard

Safe recruitment
Staffing levels and skills mix
Skills and qualifications/revalidation
Learning, development and competency
Support, supervision
Performance management
Volunteers and unpaid carers

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 8 Person-centred care
Regulation 17 Workers

7.2 Service Specific Requirements

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

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

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

- 7.2.3 There is an identified senior clinician available at all times who can attend the team base within an hour.
- 7.2.4 Appropriately patient or carer representatives are involved in the interview process for recruiting potential staff members.
- 7.2.5 New staff members, including bank staff, receive an induction based on an agreed list of core competencies. This includes arrangements for shadowing colleagues on the team; jointly working with a more experienced colleague; being observed and receiving enhanced supervision until core competencies have been assessed as met.
- 7.2.6 All clinical staff members receive clinical supervision at least monthly, or as otherwise specified by their professional body. Supervision should be profession specific as per professional guidelines and provided by someone with appropriate clinical experience and qualifications.
- 7.2.7 All staff members receive line management supervision at least monthly.
- 7.2.8 Staff members receive training consistent with their role, which is recorded in their personal development plan and is refreshed in accordance with local guidelines. This training includes:
- The use of legal frameworks, such as the Mental Health (Jersey) Law 2016, Capacity and Self-Determination (Jersey) Law 2016.
 - Physical health assessment. This could include training in understanding physical health problems, undertaking physical observations and when to refer the patient for specialist input.
 - Safeguarding vulnerable adults and children. This includes recognising and responding to the signs of abuse, exploitation or neglect.
 - Risk assessment and risk management. This includes, assessing and managing suicide risk and self-harm.

- Prevention and management of aggression and violence.
- Recognising and communicating with patients with cognitive impairment or learning disabilities.
- Statutory and mandatory training (Includes equality and diversity, information governance, basic life support).
- Carer awareness, family inclusive practice and social systems, including carers' rights in relation to confidentiality.

7.2.9 Experts by experience are involved in delivering and developing staff training face-to-face. This may include training around the role of peer support and its value.

7.2.10 All staff members receive an annual appraisal and personal development planning (or equivalent). This contains clear objectives and identifies development needs and should be informed by self-assessment against an agreed competency framework

7.2.11 The team holds business meetings at least once a month.

SAFE

Standard 9. Medicines optimisation

We make sure that medicines and treatments are safe and meet people's needs, capacities, and choices. We involve people in planning their care, even when things change.

What this means to people:

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk of going wrong, or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- I have considerate support delivered by competent people.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 14 Management of medicines

9.2 Service Specific Requirements

- 9.2.1 When medication is prescribed, specific treatment goals are set with the patient, the risks (including interactions) and benefits are reviewed, a timescale for response is set and patient consent is recorded.
- 9.2.2 Patients have their medications reviewed regularly.
- 9.2.3 Medication reviews include an assessment of therapeutic response, safety, management of side effects and adherence to medication regime. Side effect monitoring tools can be used to support reviews.
- 9.2.4 Patients, carers and prescribers can contact a specialist pharmacist to discuss medications.

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

EFFECTIVE

Standard 10. Assessing needs

We make sure people receive effective care and treatment by communicating with them to understand their health, care, and home visiting needs. We assess and review these regularly.

What this means to people:

- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally
- I have care and support that is coordinated, and tailored to my specific needs
- Everyone works well together and with me
- I have care and support that enables me to live as I want to, seeing me as a unique person with my particular skills, strengths and goals
- I am empowered to get the care, support and treatment that I need and want.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines

10.2 Service Specific Requirements

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

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

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

- Their rights regarding treatment and consent to treatment
- Rights under the Mental Health Law (Jersey) 2016 (for those liable to be detained)
- How to access advocacy services
- How to access a second opinion
- Interpreting services
- How to view their records
- How to raise concerns, complaints and give compliments.
- Information about the staff team
- The service code of conduct
- Key service policies (e.g. permitted items, smoking policy)
- Resources to meet spiritual, cultural or gender needs.
- How to access peer support

10.2.3 Patients feel welcomed by staff members when attending the team base for their appointments. Staff members introduce themselves to patients and address them using the name and title they prefer.

10.2.4 Patients have a comprehensive evidence-based assessment which includes their:

- Mental health and medication
- Psychosocial and psychological needs
- Strengths and areas for development
- Suicide risk.

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

- 10.2.6 Patients have a risk assessment and management plan which is co-produced, updated regularly and shared where necessary with relevant agencies (with consideration of confidentiality). The assessment considers risk to self, risk to others and risk from others.
- 10.2.7 All patients have a documented diagnosis and a clinical formulation. Where a complete assessment is not in place, a working diagnosis and a preliminary formulation is devised.
- 10.2.8 The team sends correspondence detailing the outcomes of the assessment to the referrer, the GP and other relevant services within a week of the assessment.

EFFECTIVE

Standard 11. Delivering evidence-based care and treatment

We work with people to plan and provide care and treatment, considering what matters to them. Our approach aligns with the law and follows the latest evidence-based best practices and standards.

What this means to people:

- I am involved in the planning of my treatment and care
- I am able to influence important decisions about my treatment and care
- I can give or withhold my consent freely
- The care I receive is personalised to my preferences and supported by best practice.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 9 Personal plans and care records
Regulation 12 Cleanliness and infection control
Regulation 13 Nutrition and hydration
Regulation 14 Management of medicines
Regulation 16 Control and restraint

11.2 Service Specific Requirements

11.2.1 Patients begin evidence-based interventions, which are appropriate for their bio-psychosocial needs, within an agreed timeframe; any exceptions are documented in the case notes.

11.2.2 There is dedicated sessional time from psychologists to provide assessment and formulation of patients' psychological needs and to ensure the safe and effective provision of evidence based psychological interventions adapted to patients' needs through a defined pathway.

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

- 11.2.4 There is dedicated sessional input from occupational therapists to provide an occupational assessment for those patients who require it; to ensure the safe and effective provision of evidence based occupational interventions adapted to patients' needs.
- 11.2.5 There is dedicated sessional input from creative therapists.
- 11.2.6 The team supports patients to undertake structured activities such as work, education and volunteering. For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes.
- 11.2.7 Patients (and carers, with patient consent) are offered written and verbal information about the patient's mental illness and treatment. Verbal information could be provided in a 1:1 meeting with a staff member or in a psycho-education group. Written information could include leaflets or websites.
- 11.2.8 The team supports patients to undertake structured activities such as work, education and volunteering. For patients who wish to find or return to work, this could include supporting them to access pre-vocational training or employment programmes. This includes referral to the Individual Placement and Support service where appropriate.
- 11.2.9 All staff members who deliver therapies and activities are appropriately trained and supervised.
- 11.2.10 Staff members arrange for patients to access screening, monitoring and treatment for physical health problems through primary/secondary care services. This is documented in the patient's care plan.
- 11.2.11 Patients are offered personalised healthy lifestyle interventions, such as advice on healthy eating, physical activity and access to smoking cessation services. This is documented in the patient's care plan.

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

11.2.13 Patients who are prescribed mood stabilisers or antipsychotics have the appropriate physical health assessments at the start of treatment (baseline), at 6 weeks, at 3 months and then annually (or every six months for young people) unless a physical health abnormality arises.

EFFECTIVE

Standard 12. How staff, teams and services work together

We collaborate well between teams and services to help people. We ensure that people who use services only have to tell their story once, by sharing their needs assessment when they move between different services.

What this means to people:

- I only have to tell my story once, and the care I receive is based on teams working together, even when I move between services
- I can expect that all information provided will be treated confidentially and held securely
- My care records will be shared appropriately with my knowledge and consent and on a need to know basis.

Relevant regulatory requirements

Regulation 8 Person-centred care
Regulation 15 Shared Responsibilities

12.2 Service Specific Requirements

12.2.1 A discharge letter is sent to the patient and all relevant parties within 10 days of discharge. The letter includes the plan for:

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

12.2.2 The community team makes sure that patients who are discharged from hospital are followed up within 3 days.

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

12.2.4 Teams provide specific transition support to patients when their care is being transferred to another community team, or back to the care of their GP.

12.2.5 There is active collaboration between Children and Young People's Mental Health Services and Working Age Adult Services for patients who are approaching the age for transfer between services. This starts at least 6 months before the date of transfer.

12.2.6 Patients can access help, from mental health services, 24 hours a day, 7 days a week. Out of hours, this may involve crisis/home treatment teams, psychiatric liaison teams.

12.2.7 The team supports patients to access:

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

12.2.8 The service/organisation has a care pathway for the care of women in the perinatal period (pregnancy and 12 months postpartum) that includes:

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

EFFECTIVE

Standard 14. Monitoring and improving outcomes

We routinely monitor people's care and treatment to continuously improve outcomes. We ensure that outcomes are positive and consistent and that they meet both clinical expectations and the expectations of people themselves.

What this means to people:

- The care and treatment I receive is constantly monitored so that improvements can be made
- I receive the best care possible for my condition
- I am consulted about new or recommended treatments for my condition.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

14.2 Service Specific Requirements

14.2.1 Clinical outcome measurement data, including progress against user defined goals, is collected as a minimum at assessment, after 6 months, 12 months and then annually until discharge. Staff can access this data.

14.2.2 Staff members review patients' progress against patient-defined goals in collaboration with the patient at the start of treatment, during clinical review meetings and at discharge.

14.2.3 The service's clinical outcome data are reviewed at least every six months. The data are shared with senior management team, the team, patients and carers, and used to make improvements to the service.

EFFECTIVE

Standard 15. Consent to care and treatment

We inform people about their rights regarding consent and always respect these rights when providing personalised care and treatment.

What this means to people:

- I am well-informed and understand my rights
- Services and staff consistently respect and uphold my right of consent and choice
- I understand I can change my mind at any time.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

15.2 Service Specific Requirements

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

CARING

Standard 16. Kindness, compassion, and dignity

We always treat people with kindness, empathy and compassion, and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

What this means to people:

- I am always treated with kindness, empathy, compassion and respect
- I am listened to, and my views are taken seriously
- I know how to complain when things go wrong.

Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 8 Person-centred care

Regulation 9A Need for consent

16.2 Service Specific Requirements

16.2.1 Staff members treat all patients and carers with compassion, dignity and respect.

16.2.2 Patients feel listened to and understood by staff members.

CARING

Standard 20. Workforce, well-being and enablement

We care about our staff and promote their well-being. We help them provide care that focuses on each person.

What this means to people:

I receive care from a team that is supported and, in turn, able to meet my individual needs effectively.

Relevant regulatory requirements

Regulation 17 Workers

20.2 Service Specific Requirement

- 20.2.1 The service actively supports staff health and wellbeing. For example, providing access to support services, providing access to physical activity programmes, monitoring staff sickness and burnout, assessing and improving morale, monitoring turnover, reviewing feedback from exit reports and taking action where needed.
- 20.2.2 Staff members are able to take breaks during their shift that comply with the European Working Time Directive. They have the right to one uninterrupted 20 minute rest break during their working day, if they work more than 6 hours a day. Adequate cover is provided to ensure staff members can take their breaks.
- 20.2.3 Staff members, patients and carers who are affected by a serious incident are offered post incident support.

RESPONSIVE

Standard 21. Person-centred care

We make sure people are at the centre of their care and treatment choices, and we decide, in partnership with them, how to respond to any relevant changes in their needs.

What this means to people:

I have care and support that is coordinated, and everyone works well together with me.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 9A Need for consent

21.2 Service Specific Requirements

- 21.2.1 Confidentiality and its limits are explained to the patient and carer on admission, both verbally and in writing. Patient preferences for sharing information with third parties are respected and reviewed regularly.
- 21.2.2 The team knows how to respond to carers when the patient does not consent to their involvement.
- 21.2.3 All patient information is kept in accordance with current legislation. This includes transfer of patient identifiable information by electronic means. Staff members ensure that no confidential data is visible beyond the team by locking cabinets and offices, using swipe cards and having password protected computer access.

RESPONSIVE

Standard 24. Listening to and involving people

We make sure it's easy for people to share their thoughts, feedback or complaints about their care. We include them in decisions about their treatment and let them know what changes have been made.

What this means to people:

- I am included in decisions about my treatment, and my voice is heard
- The process of sharing thoughts, feedback, and concerns is easy for me to use
- I am involved in decisions about my care, and I am told what has changed as a result.

Relevant regulatory requirements

Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 14 Management of medicines
Regulation 19 Reviewing the quality of the service
Regulation 22 Complaints and representations

24.2 Service Specific Requirements

24.2.1 Carers (with patient consent) are involved in discussions and decisions about the patient's care, treatment and discharge planning.

24.2.2 Carers are supported to access a carers' assessment, provided by an appropriate agency. This advice is offered at the time of the patient's initial assessment, or at the first opportunity.

24.2.3 Carers are offered individual time with staff members, within hours of the patient's admission to discuss concerns, family history and their own needs.

24.2.4 The team provides each carer with carer's information. Information is provided verbally and in writing (e.g. carer's pack). This includes the names and contact details of key staff members on the unit and who to contact in an emergency. It also includes other local sources of advice and support such as local carers' groups, carers' workshops and relevant charities.

- 24.2.5 The service actively encourages carers to attend carer support networks or groups. There is a designated staff member to support carers.
- 24.2.6 Patients are asked if they and their carers wish to have copies of correspondence about their health and treatment.
- 24.2.7 The service uses interpreters who are sufficiently knowledgeable and skilled to provide a full and accurate translation. The patient's relatives are not used in this role unless there are exceptional circumstances.

WELL-LED

Standard 28. Shared direction and culture

We develop a shared a vision and align our strategy and culture to meet it. Our approach is based on transparency, equity, equality and human rights, diversity and inclusion, and engagement. We understand and seek to meet the challenges and the needs of people and our island community.

What this means to people:

- My care provider is transparent and promotes values such as equality, diversity, and inclusion
- I am included in important decisions about my treatment and care
- My views are sought and listened to by the people who care for me
- I am respected for who I am and am treated at all times with courtesy and respect.

Relevant regulatory requirements

Regulation 3 Conditions of registration: general
Regulation 5 Conduct a regulated activity
Regulation 6 Openness and transparency
Regulation 7 Respect and involvement
Regulation 8 Person-centred care
Regulation 11 Safeguarding
Regulation 19 Reviewing the quality of the service
Regulation 20 Provision of updated information and review of Statement of Purpose

28.2 Service Specific Requirements

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

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