

**Jersey Care Commission**  
**Care Standards**  
**Service Specific Requirements**

**Adherence to the Mental Health Law  
Capacity and Self-Determination Laws  
And Codes of Practice**

**Safe**  
**Effective**  
**Caring**  
**Responsive**  
**Well-led**

## SAFE

### 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 Detention documents and associated records (e.g. Article 24 leave forms) are securely stored in a manner that ensures they are readily accessible to all authorised staff who require them to provide safe and lawful care.

## SAFE

### 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 Requirements**

- 4.2.1 When a patient is assessed to be at risk of suicide or self-harm, the service implements arrangements to ensure their safety.
- 4.2.2 Policies and procedures are in place for extra observation or supervision, restraint, and, if necessary, rapid tranquilisation.
- 4.2.3 Staff have easy access to local Mental Health Law policies and procedures and to the Code of Practice.
- 4.2.4 The provider has relevant policies and procedures that reflect the most recent guidance.
- 4.2.5 Data should be maintained relating to the number of Significant Restriction on Liberty (SROL) applications made in the last 12 months and made available to the Jersey Care Commission.
- 4.2.6 The provider has a policy on the Capacity and Self-Determination Law, including significant restriction on liberty safeguards. Staff are aware of the policy and have access to it.

## SAFE

### 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, must 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 Requirement**

5.2.1 Staff request an opinion from a second opinion appointed doctor when necessary.

5.2.2 The service displays a notice to tell informal patients that they can leave the ward freely.

## 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 regulatory requirements

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

## 7.2 Service Specific Requirements

7.2.1 Staff are trained in and have a good understanding of the Mental Health Law, the Code of Practice and guiding principles.

7.2.2 Staff are trained in and have a good understanding the Capacity and Self-Determination Law and the Code of Practice and guiding principles.

## EFFECTIVE

### Standard 13. Supporting people to live healthier lives

We help people take charge of their health and well-being so they can have independence, choice, and control. We assist them in living healthier lives and, when we can, reduce their need for future care and support.

#### What this means to people:

- I feel empowered to take control over my own health
- I am helped and supported when I am unable to care for myself
- I am encouraged to live independently for as long as I am able to do so
- My immediate family will be able to receive carer support when they need it
- Services and staff help me to manage my care, treatment, health and well-being.

#### Relevant regulatory requirements

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

### 13.2 Service Specific Requirements

13.2.1 Staff take all practical steps to enable patients to make their own decisions.

## 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 The service has arrangements to monitor adherence to the Capacity and Self-Determination Law.

14.2.2 Staff audit the application of the Capacity and Self-Determination Law and take action on any learning that has resulted from it.

14.2.3 Staff do regular audits to ensure that the Mental Health Law is being applied correctly and there is evidence of learning from those audits.

## 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 or in respect of any particular treatment.

#### 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 Staff know where to get advice from regarding Capacity and Self-Determination Law, including significant restriction on liberty safeguards.
- 15.2.2 For patients who might have impaired capacity, staff assess and record capacity to consent appropriately; this is on a decision and time specific basis.
- 15.2.3 When patients lack capacity, staff make decisions in their best interests, recognising the importance of the person's wishes, feelings, culture and history.
- 15.2.4 Staff make significant restriction on liberty safeguard applications when required and monitor the progress of applications.

## CARING

### Standard 18. Independence, choice and control

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and well-being.

#### What this means to people:

I am informed about my rights, and staff actively involve me in making choices and decisions about my care, treatment, and well-being.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 7A Visitors and involvement in the community

Regulation 8 Person-centred care

## 18.2 Service Specific Requirements

18.2.1 Patients have easy access to information about independent mental health advocacy.

18.2.2 Staff explain to patients their rights under the Mental Health Law in a way that they can understand, repeating it as required and record that they have done so.

## RESPONSIVE

### Standard 25. Equity in access

We ensure that there is equal access to care, support, and treatment and seek to ensure it is provided when it is needed.

#### What this means to people:

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

#### Relevant regulatory requirements

Regulation 7 Respect and involvement  
Regulation 8 Person-centred care  
Regulation 19 Premises and equipment

## 25.2 Service Specific Requirements

25.2.1 Staff ensure that patients are able to take Article 24 leave (permission for patients to leave hospital) when this has been granted.

## WELL-LED

### Standard 32. Governance, management, and sustainability

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment, and support. We act on the best information about risk, performance, and outcomes, and we share this securely with others when appropriate.

#### What this means to people:

- I am looked after by an organisation where staff are clear about their roles and work within their competencies.
- I can expect to receive the best care and treatment available.
- My care provider is committed to delivering safe care.
- I can rely on my care provider to be aware of the risks involved in delivering safe care and in preventing harm.

#### Relevant regulatory requirements

Regulation 17 Workers  
Regulation 18 Premises and equipment  
Regulation 19 Reviewing quality of service  
Regulation 21 Notification of incidents, accidents, and other events  
Regulation 24 Financial viability  
Regulation 26 Commissioned services  
Regulation 27 Absence of manager

## 32.2 Service Specific Requirements

32.2.1 Staff have easy access to administrative support and legal advice on implementation of the Mental Health Law and its Code of Practice. Staff know who Mental Health Law administrators are.