



Jersey Care Commission
Care Standards
Service Specific Requirements
Psychological Therapies

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 Service users have a risk assessment and management plan which is co-produced where possible, 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.
- 3.2.2 The service is delivered in safe environments with procedures/measures in place to ensure safety of service users, carers and staff. This includes safety issues associated with digital/remote working.
- 3.2.3 The service has a written policy on managing different levels of risk.
- 3.2.4 There are measures in place to ensure staff are as safe as possible when working alone. These include:
- Having a lone working policy in place
 - Conducting a risk assessment
 - Identifying control measures that prevent or reduce any risks identified.

- 3.2.5 Confidentiality and its limits are explained to the service user at the first point of contact, both verbally and in writing. Service user preferences for sharing information with third parties are respected and reviewed regularly.
- 3.2.6 Service users and carers are told how to access emergency help, where needed.
- 3.2.7 The service has information governance policies and procedures in place, aligned with Data Protection (Jersey) Law 2018.
- 3.2.8 The service can demonstrate that complaints, untoward incidents and near misses are documented, reviewed and acted upon.
- 3.2.9 Psychological interventions are offered in line with the current evidence base relevant to the service user's presenting problems. Psychological interventions should be offered in line with NICE or SIGN guidelines. It is recognised that there can be gaps and developments in the evidence base and that evidence-based practice incorporates research evidence, service user choice and clinical expertise.
- 3.2.10 Assessments include a description of presenting problems, formulation and/or provisional diagnosis where appropriate.
- 3.2.11 Assessments include consideration of activities that promote social inclusion such as education, employment, volunteering and other meaningful activities.
- 3.2.12 Assessments include consideration of adverse circumstances that may be maintaining presenting difficulties (e.g., debt, employment situation, housing situation, social isolation) and signpost to additional sources of information and support where appropriate.
- 3.2.13 The number of sessions is informed by the evidence base and individual need.

- 3.2.14 The service's clinical outcome data are reviewed at least six-monthly. The data are shared with the board, team, service users and carers, and used to make improvements to the service.
- 3.2.15 The service uses assessment and outcome measures which have established reliability and validity and are appropriate to the population served.
- 3.2.16 The service supports the sustainability of improvements and provides clear information to service users on how to access further support after they have been discharged.
- 3.2.17 Outcome monitoring includes changes in functioning, quality of life, well-being and goes beyond monitoring changes in clinical symptoms.
- 3.2.18 Outcome monitoring includes reviewing progress against service user-defined goals collaboratively with the service user.
- 3.2.19 The service has a system in place to reflect on service outcomes and identify ways of improving them in the future.
- 3.2.20 There are systems in place to monitor waiting times. Consideration is given to priority groups.
- 3.2.21 There are coherent care pathways linking the service with other health and social care provision.
- 3.2.22 Gaps in local service provision are identified, and steps are taken to improve availability of appropriate treatment options for people with unmet needs, either within the service or by highlighting the need for the development of alternative services.
- 3.2.23 There are consistent arrangements for liaison with referrers at the end of therapy, if appropriate, and signposting to other services, if required.

- 3.2.24 The service offers a stepped care model based on NICE guidance for relevant clinical conditions that provides service users with the appropriate level and length of care for their needs.
- 3.2.25 High and low intensity interventions within Talking Therapies are provided so that service users can transition seamlessly within the stepped care model.
- 3.2.26 The service has a clear focus, capability and capacity to manage severe and complex cases safely and staff work within their capability and training.
- 3.2.27 IT systems enable therapists and service directors to have prompt access to outcome data and to generate service reports.
- 3.2.28 An inter-operable IT system is used to track service users all the way through the full stepped care pathway.
- 3.2.29 The service has sufficient therapists trained and accredited to deliver high and low intensity treatments in accordance with the registration, qualification and accreditation requirements of the Talking Therapies manual, and, for any clinical staff without the required qualifications and accreditations, the service has specific and urgent plans in place to remedy this. (JTT should follow best practice guidance from NHS Talking Therapies for anxiety and depression manual).
- 3.2.30 The service provides information to service users about the full range of psychological therapies that NICE guidance recommends for their particular clinical problem(s) and discusses with them the range of options that are available in the service.
- 3.2.31 The service has a minimum of 90% data completeness for pre/post treatment scores and a minimum of 70% of anxiety disorder cases have anxiety disorder specific measures evidenced.
- 3.2.32 A problem descriptor is recorded for each service user and submitted with quarterly reports. A minimum level of 80% data completeness for problem descriptor by the end of a course of treatment is expected.

3.2.33 The service adheres to the Talking Therapies Manual supervision guidance:

- Supervision should take place weekly, consisting of at least 1 hour of individual supervision with an experienced and trained supervisor located within the Talking Therapies service.
- Small group supervision that is proportionally longer in duration can also be effective.
- Every 2 to 4 weeks all ongoing clinical cases should be reviewed in supervision.
- Case discussion should be informed by outcome measures.
- Psychological and Wellbeing Practitioners (PWPs) should receive both case management supervision (individual, 1 hour per week) and clinical skills supervision (at least 1 hour per fortnight).
- Additional supervision for trainees:
 - High-intensity trainees should receive additional supervision of training cases, lasting 1.5 hours within their 2-day attendance on the course at a university.
 - PWP trainees should receive an additional 1 hour per fortnight individual and group supervision, focused on case discussion and skill development (in addition to case management supervision).

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 All qualified psychological therapists are members of a relevant professional or regulatory body.
- 7.2.2 All members of staff who provide psychological therapies on behalf of the service have received formal training to perform as a competent practitioner in each of the therapies they provide. Or, if still in training, they practice under supervision of an adequately trained qualified therapist.
- 7.2.3 Therapists are receiving regular and appropriate clinical supervision (in accordance with their grade and accrediting body), from a suitably trained supervisor who is qualified in the relevant modality/ies.
- 7.2.4 Therapists are supported by the service/organisation to meet the Continuing Professional Development (CPD) requirements of their professional / regulatory body. This includes both mandatory and developmental training and activities.

- 7.2.5 There has been a review of the staff and skill mix of the team within the past 12 months to identify gaps in the team and develop a balanced workforce to meet local need. This includes choice, demographics, constraints of choice and actions taken to address these.
- 7.2.6 All therapists receive well-structured annual appraisals. Guidance: As a minimum, this should include the completion of forms in advance of a formal meeting and a written summary of the outcome of the meeting, which is stored by the service.

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 Consideration is given to medication and side effects, if relevant.

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 Staff members treat service users and carers with compassion, empathy, dignity and respect.
- 21.2.2 Service users feel listened to and understood by staff members.
- 21.2.3 The service can demonstrate that it promotes culturally sensitive practice.
- 21.2.4 Service users report a high level of satisfaction with the service they receive.
- 21.2.5 Service users are asked if they would like family or friends to be involved. If so, there is a discussion around how this will take place. Involvement may include family/friends supporting therapy outside of sessions, attendance at one or more sessions, involvement in relapse prevention, etc.
- 21.2.6 Therapeutic contracts cover frequency of appointments and take into account service user needs and preferences.

- 21.2.7 The service can provide information in a range of formats to suit individual needs. The service can access key information in languages other than English, and in an accessible format for people with sight, hearing, learning or literacy difficulties.
- 21.2.8 The service considers the needs of carers. This could include carers of people accessing the service, but also service users who are carers. Information should be provided about carers support groups.
- 21.2.9 The service is delivered in environments that are welcoming and easily accessible for service users.

RESPONSIVE

Standard 23. Providing information

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

What this means to people:

- I receive the right information whenever I need it
- I receive information in a format that suits my needs
- People caring for me recognise my specific communication needs and respond appropriately.

Relevant regulatory requirements

Regulation 7 Respect and involvement

Regulation 11 Safeguarding

Regulation 15 Shared responsibilities

Regulation 20 Provision of updated information and review of Statement of Purpose

Regulation 21 Notification of incidents, accidents and other events

23.2 Service Specific Requirements

23.2.1 The service provides service users with clear information about waiting times, including:

- Regular updates on any changes to the start date
- Details of how to access further support while waiting for therapy to commence.

23.2.2 Service users are provided with written information describing the service.

23.2.3 Service users are actively involved in shared decision-making about their care and treatment.

23.2.4 Service users report being provided with information and choice about the type of therapy they will receive and are supported to make an informed decision.

- 23.2.5 Service users report being provided with information about choice of time of day, venue, gender of therapist and access in a language other than English.
- 23.2.6 Service users are provided with information about who to speak to if they are experiencing difficulties with the therapy process which they do not feel able to speak to the therapist about.
- 23.2.7 Referrers, service users and carers are provided with clear information on who can access the service

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 The service has a strategy in place to promote equality and diversity and to address any barriers to access.
- 25.2.2 The service routinely collects data that can be used to measure equity of access and equity of delivery against protected characteristics.
- 25.2.3 Data are used to understand who is accessing the service, identify under-represented groups and improve the accessibility of the service.
- 25.2.4 If the service is open to self-referrals, it can demonstrate that it is actively promoting this to different sections of the community.

WELL-LED

Standard 29. Capable, compassionate, and inclusive leaders

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience, and credibility to lead effectively. They do so with integrity, openness, and honesty.

What this means to people:

- I experience care delivered in an organisation led by skilled and compassionate leaders
- The people who lead the organisation create a culture where I am respected for who I am
- The people who lead the organisation create an environment where I feel listened to and my views are respected
- I know who to speak to when things go wrong.

Relevant regulatory requirements

Regulation 2 Fitness criteria
Regulation 5 Conduct of regulated activity
Regulation 17 Workers

29.2 Service Specific Requirements

29.2.1 The service actively supports therapist health and well-being, for example, monitoring staff sickness and burnout, assessing morale and taking action where needed.

29.2.2 Line managers monitor and support the wellbeing of therapists in their service.

29.2.3 Therapists report that their job targets and workload are reasonable and manageable.

29.2.4 Therapist turnover is monitored, causes examined and action taken where needed.

- 29.2.5 The team asks service users and carers for their feedback about their experiences of using the service and this is used to improve the service.
- 29.2.6 Service users are involved in service design, planning, evaluation and improvement.
- 29.2.7 Service users and carers are provided with clear information on how to make a complaint or compliment about the service.
- 29.2.8 There are clear processes in place for staff to raise concerns about standards of care.