

**Jersey Care Commission
Care Standards
Care Homes (Adults)**

**Respect
Voice
Safety
Choice
Quality**

Contents

The Jersey Care Commission		
Introduction to the standards		
Scope		
Guiding Principles		
Standards		
1	You will be given information that is shared in a way that you understand. This will tell you and others about the service and how you will be cared for.	
2	You will be cared for and helped in a way which has been planned with you.	
3	You will be cared for and helped by the right people with the right values, attitudes, understanding and training.	
4	You will feel safe	
5	You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.	
6	Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.	
7	The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.	
8	Your meals will be varied, healthy and tasty and will be based around your preferences and requirements.	
9	You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle.	
10	Yours and other people's thoughts, worries and complaints about how you are cared for will be listened to and taken seriously.	
11	The care service will be well managed.	
12	How you are cared for will be checked and reviewed regularly to sort out any issues and make things better for you and others who use the service.	
Appendices		
1	Standards and Requirements (Regulations)	
2	Requirements for policies	
3	Requirements for records for inspection	
4	Requirements for employment checks	
5	Staffing requirements	
6	Requirements induction programmes	
7	Requirements for statutory and mandatory training	
8	Notifiable events	
9	Requirements for medicines management	
10	Requirements for buildings and premises	

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 will be objective and impartial in our dealings with people and organisations
- **Openness and accountability** – we will 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 will 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.

These care standards have been written to:

- Show what people should expect from the care they receive.
- Set out what providers of care services must do to meet the expectations of people who use care services and requirements under the Law.
- Provide a structure that can be used to inspect the care provided.

Scope

These care standards apply to services which provide residential accommodation together with care, whether on a temporary or permanent basis to adults. The standards do not apply to the hospital or prison. There are separate care standards for care that is provided in children and young people's residential settings, people's own homes and in day care services.

Guiding Principles

Guiding principles are the basic values which influence all of the standards. They reflect people's rights which are central to any care or support given.

Respect	Your right to care that is respectful, compassionate, and dignified.
Voice	Your right to be listened to and communicated with, in an open and honest way.
Safety	Your right to be safe and cared for by people who are trustworthy and competent.
Choice	Your right to be informed and supported to make real choices and decisions that will be respected.
Quality	Your right to the highest standard of care.

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 a professional regulatory body in the United Kingdom and where required is registered under the Health Care (Registration) (Jersey) Law 1995 (e.g. nurse/social worker/doctor).

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) 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.

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

Appendix 1 - Regulations

DRAFT

Standard 1.

You will be given information that is shared in a way that you understand. This will tell you and others about the service and how you will be cared for.

What this means to people receiving care:

There will be information which will help you and your family to decide about care. 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 17. Workers
Regulation 18. Premises and Equipment

1.1 There will be a written Statement of Purpose.

This will include information about:

- The aims and objectives of the care 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 (e.g. adults age 65+) who the service will be provided to.
- Admission criteria
- The accommodation, facilities and services it provides 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 care service.
- The manager and care/support workers, including their qualifications.
- Staffing arrangements
- The organisational structure of the care service.
- Rights and responsibilities
- Details about the legal status of the service (i.e. charity, company...)
- 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 living or staying in the care setting.

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

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

The information should include:

- A summary of the Statement of Purpose
- Contact details
- The aims and philosophy of the care 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 admission 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.
- The arrangements for obtaining equipment
- Arrangements for people to bring their own belongings into the accommodation
- Arrangements for people who require treatment at outpatients' services or admission to hospital, including arrangements to accompany the person and share relevant information.
- General terms and conditions
- Information on bedroom accommodation and communal facilities
- Arrangements for personal property and valuables including insurance arrangements.
- The current programme of activities and events – including additional costs
- Arrangements for transport – including any costs
- The arrangements for people who receive care to be involved in the running of the care service.
- The 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.
- Arrangements for ending the care 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 care service policies and procedures

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

1.3 Registered persons will be able to demonstrate the capacity of the service to meet the assessed needs, including specialist needs of people admitted to the accommodation.

All specialised services offered (e.g. 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.

1.4 There will be procedures for admitting people into the care service

People who are considering care will have the opportunity to visit and where possible stay for a trial period to assess the quality, facilities and suitability of the accommodation prior to making their decision.

People will not 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 support and consideration for others living or staying at the accommodation.

1.5 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 their representative 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.

1.6 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.

(Appendix 2 contains a list of suggested policies).

Policies will be:

- Developed based upon best practice guidance/evidence/legislation/professional guidance.
- Developed with the involvement of the people who receive care.
- Person focussed.
- Shared, implemented and monitored for effectiveness
- Regularly reviewed by care/support workers and by people who receive care
- Revised where necessary following incidents/learning events

DRAFT

Standard 2.

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

What this means to people receiving care:

There will be some forms that the people caring for you will need to fill out, they need to find out as much as possible about you to make sure that they can meet your needs in a way that suits you. Together, you will make plans of how you want your care to be provided. Everyone who is involved in providing your care will need to follow these plans and keep records of how they have helped you. Your records will be kept safely and you will be able to see them whenever you wish and can ask for your plans to be reviewed 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 9. Personal plans and care records
Regulation 15. Shared responsibilities
Regulation 23. Service records
Regulation 28. Education, employment and leisure activity

2.1 People will not be admitted into the care 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 to the service.

People will only be admitted on the basis of a full assessment undertaken by the registered manager or a senior care/support worker who is appropriately qualified.

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

2.2 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

- Goals and aspirations
- Risks

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

2.3 Registered persons will be able to demonstrate that the care service is operating in accordance with its Statement of Purpose and only people whose assessed needs can 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.

2.4 People who receive care will be involved in developing 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 the goals and aims.
- Be based upon current best practice guidance and evidence.
- Include personal preferences.
- 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.

2.5 The personal plan will be consistent with any plan provided by a health or social care professional (i.e. 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 and frequently 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.

2.6 Assessments and personal plans will be regularly reviewed and revised as required, at the request of the person or others and if there is a change in needs or circumstances. The person will be fully involved in any review process.

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 any reviews or meetings about the care they receive.

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

2.7 Each person will have a care record which is detailed, contemporaneous and relevant to ensure that the person's care, health, safety and welfare needs are 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.

2.8 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 necessary 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 will have 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 as specified and disposed of 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 3 has list of records which must be made available to the Jersey Care Commission.

2.8 Care/support workers respect people's wishes, privacy and confidentiality and promote dignity at all times.

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 peoples 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.

Standard 3

You will be cared for and helped by the right people with the right values, attitudes, understanding and training.

What this means to people receiving care:

There will always be enough care/support workers who will have been carefully chosen to make sure that they are safe and caring people. They will need to do some training and be able to show that they know how to provide care which meets your needs and requirements.

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

Involving people who receive care or support in the recruitment of care/support workers is an important part of ensuring the right workforce is in place. It demonstrates that an organisation values the people it provides care or support to and will help to identify the best candidate for the role.

It is important for organisations to demonstrate support for involving people who receive care or support in recruitment.

Policies and procedures should set practical ways in which people who receive care or support can be meaningfully involved in each stage of the recruitment process.

Organisations should consider how they can positively work together with other organisations to ensure people who receive care or support are involved in recruitment.

3.1 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 an organisations' 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 organisation intends to approach them.
- Involvement of people in receipt of care or support or their relatives
- 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.

3.2 There will be a comprehensive application process which allows an organisation to obtain a common set of core data.

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 (i.e. HCPC/NMC etc.). 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)
- A declaration of any family or close relationships with existing employees, care receivers of 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 organisation may contact any former employer in addition to the referee's provided and when a Disclosure and Baring Service check will be required.

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

3.3 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.
- Competences and qualities that the successful applicant should be able to demonstrate or have the potential to demonstrate.

3.4 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 organisation's commitment to safeguarding and promoting the welfare of the people it provides care or support to.

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

Organisations 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 organisation.

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

Interviews will be prepared for ensuring that:

- There is a consensus about the required standard for the role

- Issues to be explored with each applicant are identified
- The assessment criteria matches the person specification and is recorded with consistency i.e. 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
- The 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.

3.6 All safer 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 4 contains requirements for employment checks.

3.7 Care/support workers will be physically and mentally fit to meet the needs of the people receiving care and support

Registered persons will ensure that care/support workers are physically and mentally able to meet the needs of people safely and effectively.

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

Organisations 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 practise or harm to a care receiver occurs, the employer has a duty to notify the relevant bodies and Jersey Care Commission.

3.9 There will at all times be sufficient numbers of competent, experienced care/support workers to meet the care and support needs of people in the accommodation.

The registered person will ensure that the care service is staffed at all times at or above the minimum level specified in the Statement of Purpose and in accordance with minimum staffing levels detailed in Appendix 5. 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.

Minimum staffing requirements are detailed in Appendix 5.

There will be a staffing policy which takes into account minimum staffing requirements, the size and layout of the accommodation, 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.)
- The number of care/support workers required during the night and whether they are required to be 'waking' or 'sleeping in'.
- Start and finish times.
- Arrangements for adequate skill mix including health/social care professionals where appropriate and ensuring that 50% of care/support workers (who do not have a relevant professional qualification) on duty at any time have completed as a minimum 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.

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.

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.

Care/support workers will work no more than 12 hours in a 24 hour period unless there is an overnight break.

Care/support workers may work a shift before and after a sleep-in shift under the condition that they are provided with suitable sleeping arrangements and their sleep is not interrupted on a regular basis. Records must be kept and made available to the Jersey Care Commission of any interruptions to a sleeping night shift which include:

- Date
- Time
- Length of time
- Reason

Registered persons must review interruptions to a sleep-in shift, taking action to ensure that night shifts are appropriately staffed. Registered persons must provide alternative care/support workers to take over where sleep has been interrupted.

Registered persons must take into account care/support workers 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 24 unless there is an overnight break.

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

Care/support workers will not work without supervision until they have been assessed as competent. Appendix 6 details requirements for induction programmes.

3.11 The registered person will ensure that all care/support workers complete and remain up to date with statutory and mandatory training requirements.

The minimum statutory and mandatory training requirements are detailed in Appendix 7.

The registered person will identify mandatory training requirements based upon the needs of the people who are being cared/supported. This will be in line with the accommodation's written Statement of Purpose.

The registered person must ensure they are aware of 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 should where appropriate be accredited by a recognised body or organisation and must include relevant local legislation and guidance. Trainers or organisations who deliver training should:

- Be able to demonstrate experience and knowledge in the subjects delivered (this may include professional qualifications)
- Have a recognised teaching qualification and/or have completed a train the trainer course in the subject being delivered and have evidence of Continuing Professional Development which demonstrates the ability to maintain an effective learning environment and deliver effective training which is based upon best practice and guidance.
- Where possible be externally quality assured.

E-learning courses can be a useful part of a blended learning approach to training. The registered person must ensure that local relevant legislation and guidance is covered during any training that is arranged for care/support workers. E-learning courses may support knowledge and understanding, however should not be used as a substitute where practical skill development is required (i.e. First Aid, Safe Moving and Handling).

All training should include assessment of learning.

Training update requirements should be specified by the training provider and be based upon best practice and statutory requirements.

Evidence of training completed, assessment of learning and assessment of competency will be kept in care/support worker's personnel files.

The registered person will keep a training database updated with all training booked, completed and due which will be made available to the Jersey Care Commission upon request.

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

Registered managers will have or must complete within three years a relevant (i.e. 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 (i.e. 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 are working towards completing a relevant Level 3 Diploma (this must be completed within 2 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 (England) 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.

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.

3.13 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.

The registered person will seek feedback regularly from people about their care/support workers.

3.14 The registered person 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 standardised, safe and best practice by providing a channel for communication between manager/supervisor and worker.

Supervision:

1. Is a formal discussion about the worker's performance against the standards they are expected to meet
2. Ensures the worker is clear about their roles and responsibilities
3. Identifies the worker's personal development needs
4. Offers a source of support for the worker encouraging reflection on challenges and achievements
5. Encourages workers to share any issues or concerns
6. Will be carried out at least four times a year, records of supervision will be 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.

DRAFT

Standard 4. You will feel safe.

What this means to people receiving care:

You will feel safe and you will be safe. There will be lots of things that are done and you can do to help keep you safe. Your care/support workers will recognise where there might be a risk to you or others and you will be fully involved in any decisions around your safety and wellbeing.

Relevant regulatory requirements:

Regulation 6. Conduct of service
Regulation 7. Openness and transparency
Regulation 9. Care and welfare
Regulation 11. Health and safety
Regulation 12. Safeguarding
Regulation 16. Shared responsibilities
Regulation 17. Control and restraint
Regulation 18. Workers
Regulation 19. Premises and equipment
Regulation 22. Notification of incidents, accidents and other events

4.1 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 is in line with *The Jersey Safeguarding Partnership Board 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 be followed 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.

4.2 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 and others are identified and managed.

4.3 Accidents and incidents 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 incidents specific circumstances.

Registered persons have a duty of candour and must inform any affected people and/or their representative of any unintended or unexpected incident, or event which affects their health or well-being.

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. List of notifiable incidents in Appendix 8.

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

Care/support workers will be trained in first aid and there will be access to first aid kits.

4.4 Restrictive physical interventions will not be used unless it has been 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.
- The Jersey Care Commission will be notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person.
- Care/support workers will receive debriefing after each incident where restrictive physical intervention has been required.

4.5 There will be a policy and procedures for the transportation of people receiving care.

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.)

4.6 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 wellbeing, 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 accommodation 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.

Publically displayed health and safety procedures are 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.

4.7 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 including (but not limited to) where appropriate the risks associated with:

- Medication
- Moving and handling
- Pressure trauma
- Environment
- Scalding – water/surface temperature

- Handling finances
- Infection control

The registered person will regularly review the implementation and effectiveness of actions identified in assessments to reduce risk.

4.8 There will be a policy and procedure for the safe handling and storage of money and property.

The policy will cover and include guidance on:

- Payments for service (where appropriate)
- Payments of bills
- Shopping
- Collection of pensions, benefits or cash
- Safeguarding people's property
- Security of bank cards
- Use of loyalty cards/stamps/share based reward schemes etc.
- People's possessions and clothing
- Care/support workers conduct – e.g. not discussing their 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 people'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.

Financial transactions undertaken on behalf of the person who is receiving care including shopping, collections of cash, benefits, pensions etc. must be specified and recorded on the personal plan. Procedures to record financial transactions must be auditable.

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.

People will wear their clothes only, care/support workers will ensure that clothing and personal possessions are appropriately and discreetly marked.

4.9 Effective precautions, made in consultation with people and care/support workers will be taken to ensure the security of the accommodation 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.

DRAFT

Standard 5.

You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences.

What this means to people receiving care:

You will be helped to be as independent as you can be and given information in a way that you understand so that you can make choices and decisions about your care and support. Your rights will be supported and protected and you will be cared for in a way that respects your individuality, beliefs and faith.

Relevant regulatory requirements:

- 6. Conduct of service
- 8. Respect and involvement
- 9. Care and welfare

5.1 People who receive care will be provided with information in a format and level that meets their individual communication needs, in order 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.

5.2 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.

5.3 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.
- Respect people's domestic routines.

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

5.4 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 in relation to:

- Leisure and social activities
- Food, meals and meal times
- Routines of daily living
- Personal and social relationships
- Religious observance

5.6. People's rights will be supported and protected.

People will be helped to understand their rights and responsibilities.

Registered persons will ensure that people have their legal and civil rights protected and are enabled to exercise their legal rights directly and participate in the civic process if they wish.

Where people lack capacity, the registered person ensures that there is access to advocacy services in line with the requirements under the Capacity and Self Determination (Jersey) Law 2016.

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

Standard 6.

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

What this means to people receiving care:

You will know who will be caring for you. Your care and support will be provided by the same people who know and understand your individual needs and preferences.

Relevant regulatory requirements:

- 15. Management of medicines
- 16. Shared responsibilities
- 18. Workers
- 19. Premises and equipment

6.1 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 attending to them for the first time.

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

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

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 know when and how they need 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 should be recorded as stipulated in the incident/accident/near miss policy and procedure.

People with particular health needs or a disability 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 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.

6.4 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 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 skills which might have traditionally been carried out by health or social care professionals or may require further training and assessment.

Some skills and tasks may be performed by care/support workers under an individual (person specific) delegation. This involves additional training (e.g. vocational training module) and assessment of competence carried out by the delegating professional (e.g. percutaneous endoscopic gastrostomy (PEG) feeds).

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 (e.g. restrictive physical intervention).

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 (e.g. 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.

6.5 Where responsibility for the care or treatment of a person is shared with or transferred to another person or agency, the registered person will work collaboratively with the other person 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.

Registered persons will make arrangements where necessary for people who receive care to receive medical, dental and other health, social or personal services.

6.6 People will have access to any 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 procedure which identifies 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.

6.7 There will be a policy and procedures to ensure that people receive any medications they require or are prescribed safely and effectively.

Where appropriate, people should be supported to manage their own medications. Medicines should only be administered by care/support workers who have completed appropriate training and/or have a relevant professional qualification and have been assessed as competent to administer medicines on at least an annual basis.

The administration of any medicine by care/support workers will be recorded and signed on a Medication Administration Record (MAR) chart, which must be written/produced by the prescriber or pharmacist (transcribing unless in exceptional circumstances is not permitted). Arrangements should be made to ensure that a valid prescription is obtained in advance of admission, so that the medication is in place within the accommodation's usual system.

6.8 Medicines will be managed in compliance with legislative requirements, professional standards and best practice guidelines.

Medication management requirements are detailed in Appendix 9.

Standard 7

The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.

What this means to people receiving care:

Where you live or stay will look, smell and feel pleasant and comfortable. It will be easy to get around. Your bedroom will be private and personalised to your taste. There will be a lounge and dining room and facilities for you to make drinks and snacks if you wish.

Relevant regulatory requirements:

19. Premises and equipment

7.1 The accommodation will provide a comfortable and homely environment and will be well maintained and decorated.

The accommodation's location and design is of a size that is in keeping with its statement of purpose and serves the needs of the people who live or stay there. Requirements for buildings and premises are in Appendix 10.

The accommodation will feel homely with appropriate décor.

Furniture will be arranged with enough space so as not to impose barriers or obstacles to movement and will encourage communication amongst people living or staying at the accommodation. Effective, appropriate signage will promote way finding for people.

All furniture and furnishings in the accommodation will be suited to the people using them. Risk reduction measures will not lead to an institutional feel.

Furnishings and decorative accessories are placed so as to stimulate people's interest and attention.

Consideration will be given to the use of mirrors in the accommodation. Where necessary, mirrors can be covered to avoid confusion.

Risks for falling and slipping will be minimised.

Where necessary, there will be a noise management policy. There will be evidence that steps are taken to minimise noise. Areas of high noise levels should be located far from domestic and rest areas.

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.

Auditory, electronic, visual or other monitoring systems will not be used unless they have been specifically required for an individual within their personal plan. There will be a record of discussions and decisions made in respect of the human rights considerations in undertaking such monitoring.

Bedrooms will be personalised with the person's possessions to suit their needs and preferences. A variety of methods will be used to promote the person's orientation to their bedroom – this may include their name, photographs and objects that the person can make a connection with or the use of memory boxes.

In bathrooms, toilet seats, hand rails and towel rails will be clearly identified. Appropriate equipment and aids will be in place to prevent scalding, slipping and flooding.

Lighting in the accommodation will be designed to allow for increased light levels, good contrast, minimal glare and good colour definition. Motion sensor lighting may be used in bathrooms and corridors to assist people at night.

Sudden changes in light levels will be avoided. Natural daylight is utilised wherever possible and windows will be kept clean and free from obstruction that blocks light. Care will be taken when choosing low-energy light bulbs that take some time to come to full brightness. Lighting should be controlled in such a way that people will be exposed to the 24-hour cycle of light and dark.

Garden space will be well kept, safe, secure and easy to find from inside the accommodation. Paths will be wide enough to allow for two people to walk side by side. There will be opportunities for resting and sitting throughout the garden and there will be shelter available from the sun and wind. Consideration will be given to creating areas for sensory stimulation.

There will be no risks posed to the safety and welfare of people by outstanding requirements or recommendations relating to the accommodation from any statutory body or authority for example: Fire service, Infrastructure, Building Control.

7.2 Design of the accommodation will include any necessary adaptations to meet the needs of people with disabilities to ensure inclusivity.

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

7.3 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 people's 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.

7.4 The premises will not be used for functions unrelated to the accommodation or the people who live or stay there.

DRAFT

Standard 8.

Your meals will be varied, healthy and tasty and will be based around your preferences and requirements.

What this means to people receiving care:

You will 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. Meal times 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.

Drinks and snacks will always be available and if you can, you will be able to make your own when you want.

Relevant regulatory requirements:

Regulation 14. Nutrition and Hydration

8.1. People will be offered a range of nutritious meals in adequate quantities in pleasing surroundings at times convenient to them.

There will be three full meals per day (at least two will include a cooked option) spaced at appropriate intervals and at times which suit the people living or staying

Hot and cold drinks and snacks will be available at all times and offered regularly, and if necessary people should be prompted/supported to ensure they have sufficient fluid and diet intake.

Food including softened or liquidised meals will be presented in a manner which is appetizing 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.

Food for special occasions will be available.

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.

People, where appropriate will be encouraged to take part in shopping for food, preparing and cooking meals and snacks, cleaning up and planning menus.

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

If care/support workers are involved in the preparation of meals/snacks they will have completed appropriate food hygiene training.

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 for eating and drinking and will offer individualised assistance discretely 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.

Standard 9.

You won't have to give up activities you enjoy when you live or stay in a care setting. There will be a range of things to do which will reflect your preferences and lifestyle.

What this means to people receiving care:

There will be a programme of activities based upon your and others preferences and interests. You will be invited to be involved in planning activities, outings and celebrations.

Relevant regulatory requirements:

8 Respect and involvement

9 Care and welfare

9.1 Activities will be offered that are meaningful to the people living or staying at the accommodation.

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 who live or stay at the accommodation 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.

9.2 Activities will promote social, physical and psychological well-being.

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

9.3 People will be encouraged and enabled to make a positive contribution to where they are living or staying and the wider community.

People will be encouraged and supported to play a part of the wider community in which they live. Support will be given to enable people to participate in 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.

9.4 Visitors will be welcomed at any reasonable time.

People can choose who they wish to see or not see. Visits will not be restricted unless upon request by the person, living or staying at the accommodation, where infection prevention and control measures are in place or where a visitor may pose a risk to the person or others at the accommodation (please see separate guidance).

9.5 People will benefit as and how they choose from the involvement of volunteers.

Registered persons will ensure that the contribution of volunteers, complements paid roles for the benefit of the people 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 live or stay in the accommodation 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.

DRAFT

Standard 10

Yours and other people's thoughts, worries and complaints about how you are cared for will be listened to and taken seriously.

What this means to people receiving care:

Everyone wants for you to be comfortable and relaxed, so as well as being asked how you find things, you will be happy to say if something is not right. You will be listened to and taken seriously. There will be different ways that you can bring up problems or issues and you will know who you can speak to privately if you wish.

The people caring for you have to speak up if something is wrong and there is a way they can do this without getting into trouble.

There will be things that the people caring for you will have to do to show that they have listened to you. They will have to look in to what you have said, they will need to do things that make things better, they must be fair at all times and need to make sure that you know what is going on.

Relevant regulatory requirements:

Regulation 18. Workers

Regulation 23. Complaints

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

People who receive care and others 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, surveys.

Feedback and actions taken as a result will be recorded.

10.2 There will be a complaints policy and procedures.

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

People who receive care and others 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.

10.3 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 organisation's procedures for handling whistleblowing, which can be communicated through training.
- A commitment to training care/support workers at all levels of the organisation 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 so-called 'gagging clauses' 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 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 raised.
- 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 organisation.

DRAFT

Standard 11

The care service will be well managed.

What this means to people receiving care:

You will be confident that where you live or stay 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:

- 3. Conditions of registration
- 5. Conduct of service
- 19. Premises and equipment
- 25. Financial Viability
- 26. Charges
- 27. Commissioned Services

11.1 There will be a management structure in place which includes clear lines of accountability which enable the effective and safe delivery of services.

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

11.2 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 annually.

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

11.3 There will be adequate insurance cover.

Appropriate and adequate insurance certificates should be displayed and available to the Jersey Care Commission.

11.4 There will be contractual arrangements where services are commissioned which include a detailed specification of the requirements of the services commissioned by the commissioning body.

The contract which will be available to the Jersey Care Commission upon request must set out how registered persons can raise concerns about any deficits in care or risks to people who receive care including:

- Concerns which relate to an insufficiency in the amount or type of care provided or an inability to meet the terms of the contract to meet the needs of people who receive care.
- Concerns which relate to the environment, lack of equipment or other limitations.

Registered persons will inform the Jersey Care Commission of the concerns in addition to the commissioning body.

DRAFT

Standard 12

How you are cared for and where you live or stay will be checked and reviewed regularly to sort out any issues and make things better for you and others who use the service.

What this means to people who receive care:

There will be lots of procedures in place to make sure that where you live or stay is right for you and safe. The people who care for you will have to show that everything is as good as it should be and that they have listened to you and made things better when they need to. Whilst the Jersey Care Commission will carry out an inspection at least every year, your care provider is expected to carry out their own checks and reports regularly to address any issues as and when they arise.

Relevant regulatory requirements:

Regulation 3. Conditions of registration

Regulation 5. Requirement to meet standards for compliance

Regulation 6. Conduct of service

Regulation 9. Care and welfare

Regulation 13. Cleanliness and infection control

Regulation 20. Reviewing quality of service

12.1 There will be a coherent and integrated organisational and governance framework in respect of care services.

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

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

12.2 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 into a report which will be published and made available to the Jersey Care Commission, people who receive care, their representatives and anyone else who requests it.

In care 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.

12.3 There will be systems for identifying escalating risks 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 to prevent reoccurrence and assure learning across the service.

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

Each care/support member will be fully aware of, supported and trained to fulfil their responsibilities within the governance arrangements.

There will be effective human resource policies and procedures in place to ensure the workforce planning, skill mix, 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 made across the service in a timely manner.

There will be planned responses to a range of foreseeable crises (e.g. outbreaks of illness, fires, extreme weather, utilities outages, serious allegations, significant accidents, staffing shortages, and control problems within or outside the accommodation).

12.4 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 disseminated across 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 bases that guide good practice in the sector.

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

12.5 There will be systems in place to monitor and evaluate the performance of the service against its Statement of Purpose and for regular reviewing of the statement.

- 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.

12.6 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.

REGULATION OF CARE (STANDARDS AND REQUIREMENTS) (JERSEY) REGULATIONS 2018

Made

20th November 2018

Coming into force

1st January 2019

THE STATES, in pursuance of Articles 9(1), 10, 11, 14, 16 and 30(3) of the Regulation of Care (Jersey) Law 2014^[1], and after having consulted the Health and Social Care Commission and in accordance with Article 14(9), have made the following Regulations –

PART 1

INTRODUCTORY

1 Interpretation

(1) In these Regulations –

“barred list” means the children’s barred list or the adults’ barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006 (of Parliament) or any corresponding list maintained under an equivalent enactment in another jurisdiction;

“care” means nursing care or social care;

“care receiver” means a person in receipt of care;

“child” means any person under the age of 18;

“children’s home” means a home consisting of a care home service that provides residential accommodation only to children;

“independent person” means a person appointed as such under Regulation 31(1);

“Law” means the Regulation of Care (Jersey) Law 2014^[2];

“personal plan” has the meaning assigned by Regulation 10(1);

“representative” means, in relation to a care receiver –

- (a) where the care receiver is aged 16 or over, any person nominated by the care receiver; or
- (b) where the care receiver is aged 16 or over but lacks capacity within the meaning of Article 4 of the Capacity and Self-Determination (Jersey) Law 2016^[3], a person mentioned in Article 6(4) of that Law;
- (c) where the care receiver is under the age of 16, a person who has parental responsibility (within the meaning of the Children (Jersey) Law 2002^[4]) for the care receiver;

“Statement of Purpose” means the document referred to in Regulation 3(1)(c).

- (2) Words and phrases used in Schedule 1 to the Law have the same respective meanings when used in these Regulations.

PART 2

REGISTRATION

2 Fitness criteria

- (1) A person is a fit person to be registered as the provider of, or a manager in relation to, a regulated activity if the person is –
- (a) of good character;
 - (b) has the qualifications, skill, knowledge or experience necessary for providing or managing the regulated activity as the case may be; and
 - (c) is not taken to be unfit for such registration under paragraph (2) or, in the case of a person applying to be registered as a manager, paragraph (3).
- (2) A person is taken to be unfit to be registered as the provider of, or a manager in relation to, a regulated activity if the person –
- (a) has been sentenced to a term of imprisonment (whether immediate or suspended and wherever imposed, provided that it was imposed for conduct that would be an offence in any part of the British Islands), without the option of paying a fine, for an offence that, in the reasonable opinion of the Commission, makes the person unsuitable to be so registered;
 - (b) is named on a barred list;
 - (c) has ever been declared bankrupt in Jersey or elsewhere; or
 - (d) is disqualified for holding office as a company director in Jersey or elsewhere.
- (3) A person is taken to be unfit to be registered as a manager in relation to, a regulated activity if the person –
- (a) is required by his or her terms of service as a manager to be registered with a professional body and does not hold that registration; or
 - (b) is not physically and mentally fit to manage the regulated activity.
- (4) In the case of a person that is a body corporate, the requirements of this Regulation apply in the case of every director, board member, trustee or other similar office holder of that body and a reference to “person” in this Regulation is a reference to each such person.

3 Conditions of registration: general

- (1) The Commission must impose the following conditions upon the registration of a provider –
- (a) to have an address in Jersey;
 - (b) to supply the address of each location at which it provides a regulated activity;
 - (c) to submit a Statement of Purpose, namely a document that includes a description of services, including where and to whom they are provided, along with the provider's aims and objectives, ethos and intended outcomes to –
 - (i) an inspector appointed by the Commission,
 - (ii) any person working in the service,
 - (iii) any care receiver and his or her representatives, and
 - (iv) any person involved in arranging care for a care receiver;
 - (d) to provide care only to a stipulated category or categories of care receiver;
 - (e) where the regulated activity is a care home service, to provide care only to a stipulated maximum number of care receivers at any one time –
 - (i) in terms of who may be accommodated in the home, and
 - (ii) where both nursing care and personal care or personal support are provided, in terms of who may be provided with nursing care and personal care or personal support;
 - (f) where the regulated activity is a care home service, to provide care only –
 - (i) to a stipulated maximum number, or
 - (ii) to a stipulated category or categories, of care receiver at any one time who may be accommodated in particular rooms (which may vary depending on the type of care provided);
 - (g) where the regulated activity is a home care service, to provide care only up to a stipulated maximum number of hours, and where both nursing care and social care are provided, to provide care only up to a stipulated maximum number of hours relating to each type of care that may be provided;
 - (h) where the regulated activity is an adult day care service, to provide care only to a stipulated maximum number of care receivers at any one time –
 - (i) in terms of who may be accommodated on the premises at any one time, and
 - (ii) where both nursing care and social care are provided, in terms of for whom each type of care is provided;
 - (i) in relation to any regulated activity, to provide care only to care receivers of a stipulated age parameter;

- (j) to conduct the regulated activity in accordance with the Statement of Purpose.
- (2) It is a further condition of registration as a manager that the manager demonstrate to the satisfaction of the Commission that he or she has undertaken such training and continuing professional development so as to ensure that he or she maintains the experience and skills necessary to manage the regulated activity.
- (3) A registered person must pay the annual fee required by Article 9 of the Law by 31st January each year.

4 Conditions of registration: regulated activities at one or more premises

- (1) If the Commission has not given permission under Article 4(4) for a person to be the registered provider of a regulated activity carried out at more than one premises, the Commission must impose a condition of registration that the provider must ensure that no registered manager is the registered manager for more than one premises.
- (2) An individual who is a registered provider in relation to a regulated activity may also be the registered manager in relation to the carrying on of that activity provided that the regulated activity is carried on at only one premises.

PART 3

SERVICE REQUIREMENTS

5 Conduct of regulated activity

- (1) A registered person must ensure that the regulated activity is conducted so as to make proper provision for care receivers in respect of their health, safety and welfare and that the particular needs of each care receiver (whether as to education, treatment, supervision or otherwise) are identified and met.
- (2) The registered manager must lead and manage the regulated activity in a way that is consistent the Statement of Purpose.
- (3) Before making any decisions about a care receiver with respect to the matters mentioned in paragraph (1), a registered person must –
 - (a) consider the need to safeguard and promote the welfare of the care receiver; and
 - (b) as far as is practicable ascertain and have regard to the wishes and feelings of the care receiver or his or her representative.
- (4) A registered person must ensure that the regulated activity is carried on in such a manner as to maintain good personal and professional relationships with both workers and care receivers.

6 Openness and transparency

- (1) A registered person must act in an open and transparent way in relation to care and treatment provided to care receivers.
- (2) A registered person must notify a care receiver or his or her representative of any unintended or unexpected serious incident affecting the care receiver's health or well-being and provide reasonable support to the care receiver in relation to the incident.

7 Respect and involvement

A registered person must make appropriate and adequate arrangements to –

- (a) ensure that care receivers are treated with dignity and respect, are afforded privacy and enabled and supported to be as independent and autonomous as practicable;
- (b) enable care receivers to make or participate in making decisions about their support, care or treatment; and
- (c) enable care receivers to manage their own care or treatment where this is appropriate.

8 Care and welfare

- (1) A registered person must ensure that care receivers are protected against the risks of receiving inappropriate or unsafe care by –
 - (a) assessing and keeping under regular review the care receiver's care, welfare, treatment and health needs, and, where practicable, doing so with the assistance of the care receiver or his or her representative;
 - (b) only providing care to care receivers if the care that the registered person is able to provide under the terms of his or her registration is suitable for their needs and circumstances; and
 - (c) planning and delivering care or support and, where appropriate, treatment in such a way as to –
 - (i) meet the particular needs of the care receiver, including where relevant, any educational needs,
 - (ii) have due regard to good practice and in particular any guidance issued by an appropriate professional body, and
 - (iii) take account of any changes in the care receiver's needs.
- (2) A registered person must have in place procedures to deal with emergencies and mitigate the risks to care receivers arising from those emergencies.

9 Personal plans and care records

- (1) A registered person must, in consultation with the care receiver or his or her representative, prepare a written plan, known as the "personal plan",

setting out how the care receiver's health, safety and welfare needs are to be met.

- (2) The registered person must –
 - (a) give the care receiver, or if applicable his or her representative, access to the care receiver's personal plan; and
 - (b) review and where appropriate revise the plan if requested to do so by the care receiver or his or her representative and whenever there is a significant change in the care receiver's health, safety, welfare or support needs.
- (3) A registered person must prepare and maintain a care record that is sufficiently detailed, contemporaneous and relevant as to ensure that a care receiver's health, safety and welfare needs and circumstances are properly documented, and this record must include –
 - (a) the personal plan together with the documentation relating to the assessment of the care receiver's needs; and
 - (b) a record of the care actually provided or delivered to the care receiver.
- (4) The care receiver, or if applicable his or her representative, may access the care receiver's care record.
- (5) Personal plans and care records must be available at all times for inspection so as to enable the Commission to judge the effectiveness of the assessment, planning, delivery and evaluation of the care or support offered.

10 Health and safety

A registered person must ensure that adequate arrangements are in place to protect the health and safety, including fire safety, of care receivers, workers and, where relevant, visitors to any place where the regulated activity is provided.

11 Safeguarding

- (1) A registered person must safeguard care receivers from abuse by –
 - (a) establishing, maintaining and adhering to a written policy in relation to the safeguarding of care receivers unless the registered person is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided;
 - (b) taking reasonable steps to identify risk of abuse and prevent its occurrence;
 - (c) responding appropriately to any allegation of abuse;
 - (d) ensuring workers have adequate training in safeguarding;
 - (e) adhering to any guidance and policy endorsed by the Commission in respect of safeguarding;
 - (f) participating where required in any safeguarding investigations, including multi-agency safeguarding investigations;

- (g) taking immediate action to prevent any worker who has harmed or poses a risk of harm to a care receiver from having contact with that or any other care receiver; and
 - (h) taking all reasonable steps to avoid having as a worker any person on the barred list or who has received a caution or conviction for an offence against a care receiver in Jersey, or in any other jurisdiction if the conduct would be an offence in Jersey had it taken place in Jersey.
- (2) 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.

12 Cleanliness and infection control

- (1) Where premises are provided as part of the regulated activity the registered person must –
- (a) maintain the premises clean and free from offensive odours;
 - (b) maintain appropriate standards of cleanliness and hygiene in relation to the premises, furnishings, sundries and equipment;
 - (c) make appropriate arrangements for the regular laundering of linen and clothing.
- (2) A registered person must protect care receivers, workers and other persons from exposure to health care associated infections by –
- (a) having in place systems to assess the risk of, and detect and control the spread of infection, including having suitable arrangements for the handling and disposal of general and clinical waste;
 - (b) where necessary providing appropriate treatment and care for persons affected by a health care associated infection; and
 - (c) ensuring that workers are trained and provided with sufficient and appropriate personal protective equipment.

13 Nutrition and hydration

Where food and drink are provided as part of the regulated activity the registered person must provide –

- (a) sufficient quantities of food and drink to meet care receivers' needs;
- (b) food that is nutritious and suitable for the needs of the person consuming it, including the person's cultural or religious dietary requirements;
- (c) a variety and choice of food that is properly prepared and presented;
- (d) support to enable care receivers to eat and drink sufficient amounts for their needs.

14 Management of medicines

- (1) A registered person must ensure that care receivers are supported so as to enable them, so far as it is practicable and safe to do so, to manage their own medication.
- (2) A registered person must protect care receivers from the unsafe use and management of medicines, including by making appropriate arrangements for the safe handling, ordering, storage, security, administration, recording and disposal of medicines.
- (3) The registered person must ensure that any worker involved in the dispensing and management of medicines has appropriate training.

15 Shared responsibilities

- (1) A registered person must make arrangements where necessary for care receivers to receive any necessary care, including health care and personal care.
- (2) Where responsibility for that care is shared with or transferred to any other person or agency, a registered person must work collaboratively with that other person or agency so as to ensure the health, safety and welfare of the care receiver.
- (3) For the purposes of paragraph (2) a registered person must request and share information relating to the care receiver with the other person or agency so as to ensure as far as practicable, the registered person receives sufficient information from that other person or agency about the care receiver.

16 Control and restraint

- (1) A registered person may control or restrain a care receiver only where it is lawful, not excessive and in the best interests of the care receiver to do so.
- (2) A registered person must prepare and implement a policy ensuring that there are proper arrangements in place so that any use of control or restraint complies with paragraph (1).
- (3) A registered person must maintain a record of the date and circumstances of use of control or restraint on a care receiver and must notify the Commission immediately if the action taken does not comply with paragraph (1).

17 Workers

- (1) A registered person must ensure that every worker in the regulated activity is a fit person to work there, and a person is a fit person if he or she is –
 - (a) suitably qualified, skilled, competent and experienced for the duties to which he or she is assigned;
 - (b) mentally and physically fit for those duties; and

- (c) does not fall within paragraph (2) and is otherwise of integrity and good character.
- (2) A person is not a fit person if the person –
- (a) has been sentenced to a term of imprisonment (whether immediate or suspended and wherever imposed, provided that it was imposed for conduct that would be an offence in any part of the British Islands), without the option of paying a fine, for an offence that makes the person unsuitable to work in that regulated activity;
 - (b) appears on the barred list or has been convicted of an offence against a care receiver in Jersey or in any other jurisdiction if the conduct would be an offence in Jersey had it taken place in Jersey.
- (3) When determining the qualifications, skills and number of persons required to work in the regulated activity, the registered person must take into consideration –
- (a) the size and nature of the regulated activity;
 - (b) the statement of aims, objectives and purposes of the regulated activity; and
 - (c) the needs of the care receivers.
- (4) The registered person must –
- (a) ensure that at all times suitably qualified, skilled, competent and experienced people are working in the regulated activity in such numbers as are appropriate and sufficient to meet the needs and ensure the health, welfare and safety of care receivers;
 - (b) ensure that the employment of any person on a temporary basis will not prevent care receivers from receiving such continuity of care as is reasonable to meet their needs;
 - (c) ensure that workers receive appropriate training, professional development, supervision and appraisal to enable them to provide care and treatment to care receivers to a safe and appropriate standard;
 - (d) provide assistance and support to workers, including, where appropriate, time off work to obtain relevant qualifications and training;
 - (e) where relevant, support workers to maintain their registration with an appropriate regulatory or occupational body and, when required, provide that body with evidence of the worker's fitness to practise;
 - (f) have in place a disciplinary procedure that enables the registered person to take appropriate action with respect to workers where necessary to protect the safety or welfare of care receivers; and
 - (g) have in place a policy that enables workers to report concerns about the provision of the regulated activity to a senior manager or the Commission and afford such workers adequate protection from being disadvantaged as a result of making a report in compliance with the policy.
- (5) The registered person must have in place and adhere to a recruitment policy, undertake such criminal records checks for workers as are

appropriate for each worker's role and obtain and keep such information as would enable so far as practicable for the requirements of this Regulation to be met.

- (6) The registered person must maintain a record for each worker that includes the information mentioned in paragraph (5).

18 Premises and equipment

- (1) Where the regulated activity involves the provision of premises or equipment the registered provider must ensure they –
- (a) are fit for purpose;
 - (b) are safe and suitable for the regulated activity;
 - (c) achieve the aims and objectives set out in the Statement of Purpose; and
 - (d) in the case of premises, meet the requirements of paragraph (2).
- (2) The premises must –
- (a) be located and be of such a design and layout as to meet the number and needs of care receivers;
 - (b) be designed to maximise and facilitate the privacy, dignity and independence of care receivers;
 - (c) be of sound construction and kept in a good state of repair externally and internally;
 - (d) have adequate heating, lighting and ventilation; and
 - (e) be decorated and maintained to a standard appropriate for the regulated activity.
- (3) Without limiting the generality of paragraph (1), a registered provider must –
- (a) ensure that the premises are furnished and equipped to a standard that is appropriate to the needs for the care receiver and in accordance his or her personal plan;
 - (b) where appropriate, provide adequate facilities, equipment, crockery, cutlery and utensils for care receivers to store and prepare their own food and ensure that these facilities are fit for use by care receivers;
 - (c) provide and maintain sufficient and suitable clinical, nursing or other equipment for the benefit of care receivers as is necessary to meet their health and personal needs;
 - (d) where appropriate provide adequate and suitable facilities for care receivers to wash, dry and iron their own clothes if they wish;
 - (e) ensure that there are provided at appropriate places sufficient numbers of WCs and wash basins, and baths and showers fitted with a hot and cold water supply;
 - (f) ensure that care receivers have access to a telephone on which to make and receive calls in private along with suitable access to other forms of communication technology;

- (g) take adequate precautions against the risk of fire, including the provision of suitable fire safety equipment; and
- (h) provide an adequate and safe means of escape from the premises in cases of emergency.

19 Reviewing quality of service

- (1) A registered person other than an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided, must establish a system for regular review and, if necessary, for improvement of the quality of care provided.
- (2) In undertaking the review the registered person must –
 - (a) consult care receivers or their representatives, workers for the regulated activity and health and other professionals who serve the needs of care receivers; and
 - (b) take into account the outcome of any complaint or other investigation into the conduct of the regulated activity.
- (3) A registered person must publish a report on any review carried out under this Regulation and ensure that it is made available to care receivers, their representatives, the Commission and any other person who requests it.
- (4) Where the registered provider –
 - (a) is not the registered manager; and
 - (b) is not a registered person to whom Regulation 32 applies,the registered provider must arrange for a representative to report monthly on the quality of the care provided and compliance with the registration requirements under the Law and these Regulations.
- (5) Reports compiled under paragraph (4) must be provided to the registered person and be available for inspection by the Commission.

PART 4

GENERAL REQUIREMENTS

20 Provision of updated information and review of Statement of Purpose

- (1) A registered person must inform the Commission of any changes to the information supplied when the person applied to be registered or to that information as subsequently updated by virtue of this Regulation.
- (2) The information provided under paragraph (1) may be provided to the Commission by way of an annual return and where there has been no such change the registered person must submit a return so advising the Commission.
- (3) A registered provider must keep the Statement of Purpose under review and revise it where appropriate to do so.

- (4) Where the Statement of Purpose has been revised, the registered provider must notify the Commission of the revision within 28 days.

21 Notification of incidents, accidents and other events

A registered person must notify the Commission 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.

22 Complaints

- (1) A registered person must have in place effective procedures for identifying, receiving, handling and responding appropriately to complaints and comments.
- (2) The procedures must include the keeping of adequate records of the nature of any complaint, the investigation and the outcome.
- (3) The registered person must inform the complainant of the outcome of his or her complaint and, where appropriate, any action taken as a consequence of it and must make this information available to the Commission on request.

23 Service records

- (1) A registered person must establish and maintain such records applicable to the regulated activity (“service records”) to evidence compliance with the requirements of these Regulations and any other applicable statutory requirements.
- (2) The service records must be kept in a secure place and be available for inspection by the Commission at any time.
- (3) Service records must be kept for at least 5 years –
 - (a) if the record relates to a care receiver, from when the care receiver was last provided care by the registered person;
 - (b) if the record relates to a worker, from when the worker last worked for the registered person;
 - (c) in any other case, from the last entry made in the record.

24 Financial viability

- (1) A registered provider must carry on the regulated activity in such a way to ensure that it is financially viable and able to meet the aims and objectives set out in any Statement of Purpose and the requirements of the Law and these Regulations.
- (2) A registered provider must in particular –
 - (a) maintain detailed accounts and provide certificated copies of them to the Commission every year; and

- (b) demonstrate to the Commission that the regulated activity has adequate insurance cover.
- (3) The registered provider must notify the Commission of any substantial and imminent risk to the viability of the regulated activity and provide such relevant information as the Commission may require.
- (4) This Regulation does not apply to a regulated activity operated by a Department of the States or by a registered person who is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided.

25 Charges

- (1) A registered person must publish its scale of charges for the regulated activity, including any additional charges not covered by the scale.
- (2) Paragraph (1) does not apply to a regulated activity operated by a registered person who is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided.
- (3) However, that individual must when requested to do so by the Commission provide the Commission with information about the charges made to care receivers.

26 Commissioned services

- (1) Where care services are commissioned by the States, an administration of the States or other public agency the registered person must ensure that the contractual arrangement with the commissioning body includes a detailed specification of the requirements of that service.
- (2) In particular the contract must set out how the registered person can raise concerns about any deficits in care or risks to care receivers –
 - (a) that relate to an insufficiency in the amount or type of care provided or an inability to meet the terms of the contract to deliver the personal plan; and
 - (b) in the case of a home care service, that relate to the environment, lack of equipment or other limitations.
- (3) Where the registered person becomes aware of any of the concerns mentioned in paragraph (2) the registered person must notify them to the Commission as well as to the commissioning body.

27 Absence of manager

- (1) For a regulated activity to continue to be carried on lawfully during the absence of the registered manager, the registered person must notify the Commission in writing whenever the registered manager intends to be absent from the regulated activity for a continuous period of 28 days or more.

- (2) The notice must be given not later than 30 days before the start of the intended absence and must give details of –
 - (a) the length or expected length of the absence;
 - (b) the reason for the absence;
 - (c) the arrangements that have been made for running the regulated activity during that absence; and
 - (d) the name, address and qualifications of the person who will be responsible for the regulated activity during the absence.
- (3) However, if the absence arises unexpectedly notice giving the details required by paragraph (2) may be provided to the Commission within a week of the start of the absence.
- (4) Where a registered manager has left or intends to leave the regulated activity the registered provider must inform the Commission within a week of the manager's departure of –
 - (a) the arrangements that have been made for the running of the regulated activity until a replacement registered manager is appointed;
 - (b) the name, address and qualifications of the person who will be responsible for the regulated activity until a replacement registered manager is appointed;
 - (c) the arrangements that have been made to appoint a new registered manager; and
 - (d) the proposed date by which the appointment is expected to have been made.
- (5) Where the regulated activity consists of home care provided by a registered person who is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided, that registered person must inform the Commission of his or her planned or unplanned absence and the arrangements that have been put in place to ensure that the care receiver's needs continue to be met during the absence.
- (6) If a registered manager is intended to be absent for more than 12 weeks the Commission may require the registered provider to have another registered manager covering the role until the first registered manager returns or is replaced on a permanent basis.

PART 5

CHILDREN'S HOMES AND SUPPORT SERVICES

28 Education, employment and leisure activity

- (1) Where the regulated activity consists of a children's home, or a child is provided with home care and is not living with his or her parent, the registered person must ensure that proper provision is made for the education and leisure of any child who is a care receiver.

- (2) In particular, the registered person must promote the child's educational attainment by –
 - (a) ensuring access to, and making use of, appropriate educational facilities;
 - (b) making provision and opportunities for private independent study;
 - (c) maintaining effective links with schools;
 - (d) facilitating and encouraging leisure interest and activities; and
 - (e) where a child is over compulsory school age, assisting and supporting the child with further education, training or employment.

29 Behaviour management, discipline and restraint

- (1) A registered person must ensure that no child who is a care receiver is subject to any of the following as a disciplinary measures –
 - (a) any form of corporal punishment;
 - (b) any deprivation of food or drink;
 - (c) any restriction on contact with, or visits to, or from friends, parents or other relatives other than in accordance with a court order;
 - (d) any restriction on contact with or visits to or from his or her solicitor, appointed guardian, assigned social worker, independent person, inspector authorized by the Commission or any other authorized or appointed person, whether or not the person's authority derives from any enactment.
- (2) The registered person must prepare, implement, review and where necessary revise a behavioural management policy that includes the management of unexplained absence and absconding.

30 Appointment of independent persons

- (1) A registered provider must appoint, at the registered provider's expense, a person (the "independent person") to visit and report on any regulated activity that the registered provider carries on that is a children's home.
- (2) If the registered provider carries on more than one children's home, the registered provider may appoint the same person as the independent person for all or any of those homes.
- (3) Subject to paragraphs (4) and (5), the registered provider may not appoint the following as an independent person –
 - (a) if the registered provider is a Department or agency of the States, a person who is employed by that Department or agency in connection with the carrying on of its social services functions relating to children;
 - (b) if the registered provider is not a Department or agency of the States, a person who has a financial interest in the registered provider or receives any payment from the registered provider in connection with the provision of services to the registered provider (other than for services as an independent person);

- (c) a person involved in preparing the personal plan of any child placed at the care home, or a person responsible for managing or supervising that person;
 - (d) a person responsible for commissioning or financing services provided by the home;
 - (e) a person with a financial interest in the home; or
 - (f) a person who has, or has had, a connection with –
 - (i) the registered person,
 - (ii) a person working at the home, or
 - (iii) a child,
 which the registered provider considers to give rise to doubts about that person's impartiality (for the purposes of producing the independent person's report under Regulation 32(4)).
- (4) A worker for the registered provider is not, by reason only of that employment, disqualified under paragraph (3)(a), (b) or (f) for appointment as an independent person if the worker is employed solely to examine and scrutinise critically –
- (a) the way that a home is carried on or managed; and
 - (b) the quality of care provided for children.
- (5) If the registered provider is a Department or agency of the States, a person appointed by that Department or agency as an independent reviewing officer is not, by reason only of that appointment, disqualified under paragraph (3)(a), (c) or (f) for appointment as an independent person in relation to a children's home carried on by that Department or agency.
- (6) The independent person must declare any actual or potential conflict of interest (whether of the type mentioned in paragraph (3) or otherwise) to the registered provider without delay and, if reasonably practicable, before conducting a visit to the home under Regulation 32.
- (7) If the registered provider becomes aware of a potential conflict of interest in relation to the independent person before or during the independent person visiting the home under Regulation 32, the registered provider must –
- (a) make arrangements to cancel the visit without delay; and
 - (b) appoint a different independent person to visit the home.

31 Independent person: visits and reports

- (1) The registered person must ensure that an independent person visits the children's home at least once each month.
- (2) When the independent person is carrying out a visit, the registered person must help the independent person –
 - (a) to interview in private such of the children, their parents, relatives and persons working at the home as the independent person requires, provided that the interviewee consents to the interview; and

- (b) to inspect the premises of the home and such of the home's records (except for a child's case records, unless the child and the Minister consent) as the independent person requires.
- (3) A visit by the independent person to the home may be unannounced.
- (4) The independent person must produce a report about a visit (the "independent person's report") which sets out, in particular, the independent person's opinion as to whether –
 - (a) children are effectively safeguarded; and
 - (b) the conduct of the home promotes the children's well-being.
- (5) The independent person's report may recommend actions that the registered person may take in relation to the home and timescales within which the registered person must consider whether or not to take those actions.
- (6) If the independent person becomes aware of a potential conflict of interest (whether under Regulation 31(3) or otherwise) after a visit to the home, the independent person must include in the independent person's report –
 - (a) details of the conflict of interest; and
 - (b) the reasons why the independent person did not notify the registered provider of the conflict of interest before the visit.
- (7) The independent person must provide a copy of the independent person's report to the Commission, the Minister, the registered provider and, if applicable, the registered manager.
- (8) In this Regulation "Minister" means the Minister for Health and Social Services.

PART 6

MISCELLANEOUS

32 Requirement for Commission to carry out certain inspections

- (1) The Commission must carry out inspections at least once every 12 months of regulated activities for one or more of the following purposes –
 - (a) to monitor compliance with the Law and these Regulations;
 - (b) to review and evaluate the effectiveness of the regulated activity against its published standards; and
 - (c) to encourage improvement in the provision of the regulated activity.
- (2) However this Regulation does not apply in the case of a regulated activity carried on by a registered person who is an individual directly employed by, or personally in receipt of any reward from, the care receiver for the care provided.

33 Compliance with Regulations

Unless these Regulations provide otherwise, every requirement of these Regulations applies to all registered persons irrespective of there being more than one such person for the regulated activity concerned.

34 Offences and improvement notices

- (1) A person who –
 - (a) contravenes these Regulations; and
 - (b) fails to comply with an improvement notice within the time period specified in the notice for compliance with it,commits an offence.
- (2) An improvement notice is a notice –
 - (a) informing the registered person that these Regulations have been contravened;
 - (b) specifying the time frame within which remedial action must be taken; and
 - (c) explaining the consequences of a failure to take that remedial action.
- (3) A person who contravenes these Regulations where, as a result of the contravention, a care receiver has suffered, or was at significant risk of suffering, serious harm commits an offence.
- (4) Where the Commission has served an improvement notice under this Regulation it must publish the fact.
- (5) A person who commits an offence under this Regulation is liable to a fine of £50,000.

35 Citation and commencement

These Regulations may be cited as the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 and come into force on 1st January 2019.

L.-M. HART

Deputy Greffier of the States

Appendix 2

List of Policies

Below is a list of policies and procedures associated with the standards. It is not an exhaustive list and some may not be appropriate to all settings.

Absence of the registered manager	Management of records and information
Accessibility	Management, control and monitoring of the accommodation
Accounts and financial control arrangements	Medical oxygen
Activities, visits and events	Medicines management
Admission, acceptance, transfer and discharge	Missing persons
Advance directives	Money and property
Alcohol in the accommodation	Moving and handling
Audit	Noise management
Behaviour and conduct	Organisational structure
CCTV / electronic monitoring	Personal Care
Clinical tasks	Personnel records
Clothing and laundry	Prevention of pressure trauma
Communication	Privacy and confidentiality
Complaints	
Conflict resolution	Quality assurance and improvement
Consent	Referral arrangements and escalation
Contracts and agreements	Reporting, recording and notifying accidents, incidents, infectious diseases and deaths
Dealing with safety alerts	Restrictive physical intervention
Decontamination	Resuscitation and DNACPR
End of life care	Risk assessment and management
Equipment and devices	Safe and health working practices
Falls prevention	Safe recruitment
Fire safety and prevention	Safeguarding
First aid	Security
Food hygiene	Significant restrictions of liberty under the Capacity and Self Determination (Jersey) Law 2016
Food, nutrition and hydration	Smoking arrangements
Gifts and donations	Spiritual care
Health and safety	Staffing
Health and wellbeing promotion	Staff support and supervision
Human rights	Training, development and competency
Incident/accident/near misses	Transportation
Induction	Uniforms
Infection prevention and control	Visitors
Insurance arrangements	Volunteers
Involvement of people and others	Waste management
Maintenance of equipment, plant, premises and grounds	Whistleblowing

Appendix 3

List of records

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

General requirements:

- Statement of purpose
- Information that is provided to the public and to people who use the service.
- Written agreements/contracts/service level agreements (including service specifications) with Public or other Bodies.
- Policies and procedures (see below).
- Staffing rotas which accurately reflect the dates, times, location and activity of all workers.
- Food records (menus and additional food prepared).
- Quality assurance/service reports.
- Feedback and complaints (including outcomes and actions taken).
- Insurance certificates.
- Meeting agendas and minutes (staff/care receivers/relatives etc.).
- Visitor's register
- A register of all people accommodated at the care service which includes the following information where applicable:
 - Name, address and date of birth.
 - Name and address and telephone number of representative/next of kin /contact.
 - Name and address and telephone number of general practitioner
 - Date of admission
 - Date and details of discharge or transfer (to include destination and reason)
 - If the person has died at the accommodation, the date, time, cause of death and the name of the medical practitioner who certified the cause of death.
 - If the person has been received into guardianship under the Mental Health (Jersey) Law 2016, the name, address and telephone number of the guardian, and the name, address and telephone number of any officer required to supervise the welfare of the person.
 - Name and address and telephone number of any agency or individual who arranged the admission

Care receiver records

- Assessments (including risk assessments)
- Referral information including care plans and assessments from health and social care professionals.
- Personal plans (care plans, risk management plans etc.)
- Medication records
- Communication sheets including visiting professional's entries
- Evaluation records and daily notes

- Written agreements/contracts
- Inventory of belongings on admission

Care/support worker records

- Application information
- Job descriptions/person specifications
- Interview records/candidate assessment
- Identification/social security registration information
- References
- Criminal records and barring lists checks
- Risk assessments
- Qualifications and training certificates
- File notes including any disciplinary or grievance information
- Competency assessments
- Supervision records
- Appraisal records
- Contract of employment
- Absence/sickness/leave

Health and safety records

- Incident/accident/near miss reports and investigations
- Safeguarding alerts/investigation/reports
- Restrictive physical intervention records
- Risk assessments
- Fire drill and equipment testing (alarm, emergency lighting, extinguishers etc.)
- Equipment checks, testing and maintenance logs
- Water and surface temperature checks
- Hydrotherapy pool checks and maintenance (water, chemical, temperature etc.)
- Cleaning records
- Infection, prevention and control records (decontamination records, certificates etc.)
- CCTV/Electronic monitoring recordings

Medication records:

- Medicines requested and received
- Medicines prescribed
- Medications administered
- Medicines refused
- Medicines doses omitted
- Medicines doses delayed
- Medicines transferred
- Medicines disposed of
- Controlled drugs register

- Risk assessments
- Fridge/room temperatures (where medications are stored)
- Medication errors/incidents (incident reports/investigations/outcomes etc.)
- Copies of prescriptions and authorisation records
- Parameters for the use of 'as required' advised and authorised by health care professionals.
- Signatory list (Name, signature and initials).

Financial records

- Detailed, certified annual accounts (not applicable to services operated by the States of Jersey)
- Scale of fees and additional charges (must be published)
- Individual fees charged (for care/accommodation/other etc.)
- A record of all money or other valuables deposited by a person for safe keeping or received on the person's behalf specifying:
 - The date deposited or received
 - The date and sum of money or valuable returned
 - The sum used at the request of the person (must include receipts)

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.

Organisations 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.

Organisations will need to satisfy themselves that both referee and organisation 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.

There is no legal obligation to provide references, however, the Regulation of Care (Jersey) 2014 Law 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"(12(2)). It is expected that all registered persons recognise the importance of providing 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 – sickness absence included)		
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)		
Please detail how many days sickness the applicant had over the past two years and in how many episodes	Number of days	Number of episodes
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:	

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 work place. In these situations the Jersey Care Commission will expect to see evidence that organisations 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.

Copies of DBS certificates should be kept in a locked cabinet separately from personnel files for viewing by the Jersey Care Commission. The Jersey Care Commission shall provide confirmation that the certificate has been viewed. This confirmation which will not detail any sensitive information may then be kept in the care/support worker's personnel file and the copy of the original DBS certificate can be returned or destroyed.

DBS checks should be undertaken at least every three years, or more frequently as part of an organisations 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). Organisations 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 5

Minimum Staffing Requirements

The requirements below are minimum requirements, however, higher levels of staffing will be expected in certain areas.

Where the service provides personal care or personal support (not nursing care) the minimum ratio of care/support workers to people who receive care is 1:10 by day and 1:15 by night.

Where services provide personal care for people living with dementia in a specialist setting there must be a minimum of 1:5 care/support workers by day and 1:10 by night.

Where services provide personal care for people with higher levels of need for example people with brain injury, physical disabilities, mental health needs etc. there must be a minimum of 1:7 care/support workers by day and 1:12 by night.

Where any person accommodated requires 2 care/support workers for any aspect of their care, there will at all times be a minimum of 2 care/support workers by day and by night.

Where services provide nursing care the minimum ratio of non-nursing care/support workers to people who receive care is 1:5 by day and 1:10 by night. The minimum ratio for nursing staff is set out in the table below:

Number of people with nursing care needs.	Minimum number of nurses
Up to 10	1 nurse by day and 1 nurse by night.
Between 10-20	1 nurse by day, except where the accommodation admits acute cases in which case there must be a minimum of 2 nurses by day and 1 nurse by night (2 if acute admissions are accepted overnight).
Between 20-40	2 nurses by day and 1 nurse by night.
Over 40	3 nurses by day and 2 nurses by night

The only exception to the above is where the service provides nursing care to 5 or fewer people who previously received personal care from the service. In these circumstances, the registered person must ensure that at all times a suitably qualified registered nurse is working at the accommodation or where it is sufficient to meet people's nursing requirements will be available on call. In such cases where people's nursing needs are stable and predictable it is accepted that a registered nurse will not be required to be on duty at the accommodation 24 hours per day. However there will be the requirement for 24 hour on call nursing cover. The whole time equivalent nursing requirement has been calculated on the basis of 7.5 hours direct nursing per day, (assessing, planning, delivering, evaluating, supervising and monitoring), the remaining 16.5 hours requiring on call provision plus an allowance for sickness, training and holiday absence.

There will be circumstances where exceptions to these requirements will be appropriate, for example: services providing personal care or personal support to people with learning disabilities living in domestic style settings, drug and alcohol rehabilitation, and services for homeless people. In these cases, minimum staffing ratios will need to be agreed by the Jersey Care Commission.

The registered manager will have adequate periods of supernumerary time, not counted as part of the staff ratio, to carry out their management duties.

For services where care is provided to 10 or more people, a dedicated member of staff should be employed to coordinate social and leisure activities.

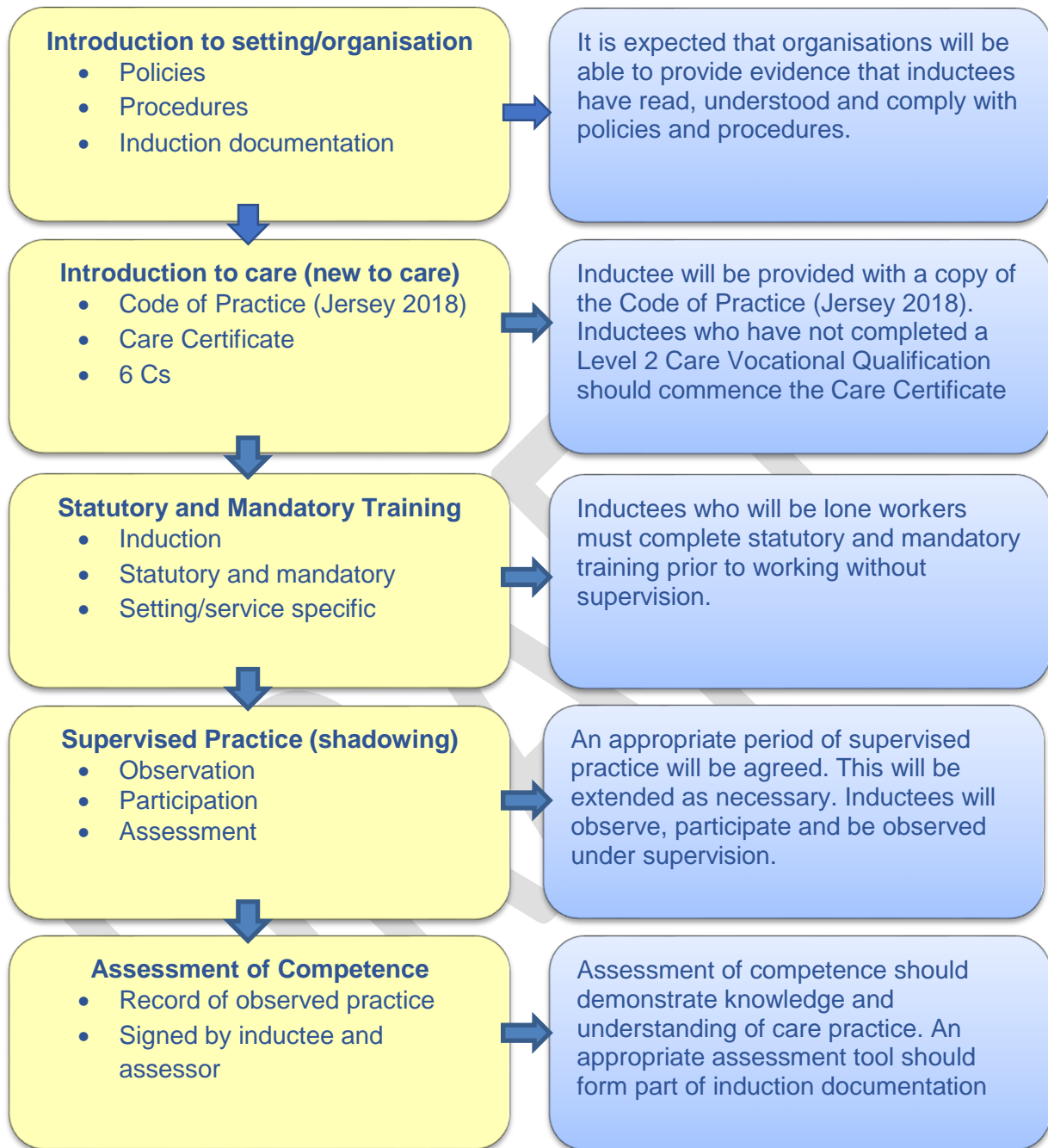
Domestic/ancillary staff will be employed in sufficient numbers to ensure that the standards relating to food, meals and nutrition are fully met and that the home is maintained in a clean and hygienic state, free from dirt and unpleasant odours. Ancillary staff numbers are calculated on the following basis:

- 3.5 hours per resident per week for laundry and domestic staff
- 2.5 hours per resident per week for kitchen and catering staff.

There will be a duty rota showing which ancillary staff are on duty at any time during the day and night and in what capacity.

Appendix 6

Induction Program Requirements for Care/Support Workers



Appendix 7

Minimum Statutory and Mandatory Training Requirements

Statutory and mandatory training (All care/support workers)		Location/person/risk specific
Health and Safety	Moving and Handling	Learning disabilities
Communication	Fire safety	Mental Health
Equality, diversity and human rights	Emergency response (First aid, BLS)	Dementia
Learning disabilities, mental health, dementia	Infection control	Child development
Data Protection	Safeguarding	Conflict resolution
Food Hygiene	Capacity and Self Determination (age 16+)	End of life care

Location/person/risk specific training requirements are dependent on the needs of the people receiving care.

Whilst basic learning disabilities and mental health training is mandatory for all care/support workers (and covered in the Care Certificate), additional specialised training is required for care/support workers who directly care or support people living with dementia, learning disabilities, mental health issues, end of life care or any other specialism. This additional training should be at the appropriate level identified through local or national best practice guidance (e.g. Gold Standards Framework, Skills for Health Core Skills Education and Training Frameworks etc.).

Regulation 21 (Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018) requires that a registered person must notify the Jersey Care Commission of such 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.

- Any incident where harm has occurred.
- Any incident where medical attention was sought.
- Any incident which affects people's well-being e.g. fire, theft, burglary, interruption of power/heat etc.
- Safeguarding/child protection referrals
- Absconding
- Infectious diseases
- All pressure ulcers grade 2 and above (please supply body map) and a separate notification of a deterioration of any previously notified pressure ulcer.
- Referral of employee/volunteer to police or Regulatory Body
- Restrictive physical intervention (The Jersey Care Commission will be notified of any use of restrictive physical intervention which was found to be unlawful or not in the best interest of the person or where harm occurred).
- Authorisation of Significant Restriction of Liberty
- Death

Notification of Incidents Form

Regulation 21: Notification of incidents, accidents and other events.

Please complete the form below and email to: **XXXXXX** within 2 working days of the incident.

Information about the Registered Care Service			
Registered Provider: (Name and Address)	Registered Manager: (Name and Address)	Location of incident: (Address)	
Information about the person(s) affected by the incident			
Name:	Address:	Telephone:	Email:
Care receiver <input type="checkbox"/>	Care/support worker <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Other (please state) <input type="checkbox"/>
Information about the incident			
Date of incident:	Time of incident:	Location of incident:	
Description of the incident:			
Were there any witnesses to the incident? If yes provide names and contact details:			
Was the person injured? If so describe the injury:			
Was medical treatment provided? Please state where and who by:			
Has any action been taken following incident: (if an investigation is taking place, please state so and send report when complete)			
Name and role of person submitting notification:			
Signature:		Date completed:	

Notification of Death

Regulation 21: Notification of incidents, accidents and other events.

Please complete the form below and email to: **XXXXXX** within 2 working days of the death.

Information about the Registered Care Service		
Registered Provider: (Name and Address)	Registered Manager: (Name)	
Information about the person		
Name:	Date of birth:	Age:
Date of admission:	Date of death:	Time of death:
Was the death expected? Yes/No	Circumstances of death:	
Place of death:	Nursing bed <input type="checkbox"/> Residential bed <input type="checkbox"/>	
Where death occurred in hospital, date of admission:		
Name and role of person submitting notification of death:		
Signature:	Date completed:	

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

1. Facilities and equipment for the storage of medicines will meet the following requirements:
 - There will be an identified area for storing medicines and medicinal products that is secure.
 - Standard modular cupboards conforming to British Standards will be provided for the secure storage of medicines. Where necessary there will be suitable lockable trolleys to prevent unauthorised access to medicines whilst they are being administered or sufficiently sized lockable draws or cabinets in people's rooms.
 - Controlled Drugs administered by care/support workers must be stored in a metal cupboard which complies with the Misuse of Drugs (Jersey) Law 1978. This includes the use of a heavy gauge metal cabinet with a double locking mechanism.
 - Sufficient space will be provided to store, access and administer medicines safely.
 - There will be easy access to hand washing facilities.
 - Provision will be made for medicines to be stored under optimum environmental conditions (temperature, lighting etc.).
 - Provision will be made for people who self-administer medicines to have a lockable drawer or cupboard in which to store them.
2. Medicines 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 and a copy of all prescriptions must be kept on file.
3. Where appropriate, people should be supported to manage their own medicines, however, if people request or require support other than occasional prompting or assistance with opening medicines bottles etc. then prior written consent, which is retained on file will be obtained from the person (where possible) for the administration of any prescribed or non-prescribed medicine.
4. There will be systems in place to ensure that the right dose of the right medication is given to the right person through the right route at the right time for the right reason and is recorded in the right place. (Includes photograph to assist with checking the right person).
5. Written policies for the management of medicines will be up to date, based upon best practice and cover all aspects of medicines management.
6. The administration of medicines will be undertaken by trained and competent care/support workers who are registered nurses or who have completed an Accredited Level 3 Medication Administration Module (Vocational Qualification). Systems will be in place to review care/support workers competency in the management of medicines on at least an annual basis.
7. Medicines will be safely returned for disposal when discontinued by the prescriber or if unfit for use.

8. There will be systems in place to report adverse drug reactions and any other concerns about medicines to the prescriber.
9. There will be effective incident reporting systems in place for identifying, recording, reporting, analysing and learning from incidents and near misses involving medicines and medicinal products.
10. Care/support workers will have access to up to date information relating to relevant legislation, medicines reference sources and guidance with respect to the safe and secure handling of medicines.
11. There will be effective systems in place to audit all aspects of the management of medicines and records will be kept in accordance with legislation and guidance. Documentation should record all medicines received, administered and disposed of.
12. Systems will be in place to ensure the safe management of medicines when a person arrives or leaves the accommodation i.e. a current a valid prescription should be obtained in advance of admission, so that the medication is in place within the accommodation's usual system.
13. Systems will be in place to manage the ordering of prescribed medicines to ensure adequate supplies are available and to prevent wastage.
14. Systems will be in place for the management of self-administered medicines including appropriate risk assessment.
15. Medicines will be prepared immediately prior to their administration from the container in which they are dispensed.
16. Compliance with prescribed medication regimens will be monitored and any omissions or refusals likely to have an adverse effect on the person's health will be reported to the prescriber.
17. The act of administering medication in disguised or covert form is discouraged, however, in accordance with professional advice and guidance, it may be undertaken following a formal decision making process which will be recorded in the person's personal plan.
18. There will be parameters for the use of 'as required' medicines advised and authorised by health care professionals.
19. Systems will be in place for non-prescribed medicines (homely medicines) to ensure that they are managed in accordance with medical advice.

The following set of requirements will apply to any **new** residential care services or building extensions. Existing services (either registered or which were operating) at the introduction of the Regulation of Care (Jersey) Law 2014 will be expected to comply with these requirements by 1 January 2022.

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 accommodation is registered for and the number of people employed in the accommodation.
3. There will be clear access to and egress from the accommodation 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. 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 accommodation registered to accommodate people living with dementia, there will be a secure perimeter (compliant with the Capacity and Self Determination (Jersey) Law).
6. 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.
7. 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.
8. 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 is recommended.
9. 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.

10. There will be suitably positioned hand and grab rails, moving and handling equipment, ambulatory aids, communication aids and other equipment including assistive technology, which meet the general needs of the people who live or stay in the accommodation and promote independence in all areas occupied or used.
11. Accessible call points will be provided in every room that people use and linked to a system that alerts care/support workers when a call is being made or assistance is required. The system will be discreet, ensuring that people's rights to privacy, confidentiality and dignity are maintained.
12. There will be both natural and good quality artificial lighting in all areas suitable for the needs of peoples 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, and in bedrooms it is recommended that dimmable lighting is installed that provides levels between 0-400 lux. Motion sensor lighting may be considered in bathroom and corridor areas.
13. All areas used by people will be naturally ventilated, have opening windows with safety glazing and guarding where necessary. The height of the windowsill will afford an unobstructed view when people are seated. Window openings will be 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. The effects of light pollution should be considered when positioning external lighting.
14. 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 accommodation. Each room accessed or used will have a wall-mounted thermometer. Pipework and radiators will be guarded or have guaranteed low temperature systems.
15. Furniture and fittings in communal rooms will be domestic in character and will be suitably designed for both 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 living or staying in the accommodation including those with sensory impairments.
16. 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 whilst maintaining a homely feel. Finishes that produce glare, dazzle and optical illusions will be avoided, and where people use wheelchairs, floor coverings will have non-directional pull.
17. According to the Statement of Purpose and needs of the people living or staying at the accommodation, for example those with a visual impairment, changes in

the texture of floor coverings or other indicators should be considered to identify key areas, for example doorways, or the top or bottom of stairs.

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

Communal space

19. There will be communal space (excluding corridors and circulation areas) amounting to at least 4.00m² for each person. This will allow for dining space of at least 1.5 m²/person and sitting space of approximately 2.5m²/person. The communal space will include a range of rooms that can be used at the same time for a variety of activities and where the varied needs of people can be met.

This includes:

- A room where meetings can take place in private.
- Dining rooms to cater at any one time for all people living or staying in the accommodation.
- A facility for people to make or get drinks and snacks.
- A room with a telephone where calls can be made or received in private.
- Areas where Wi-Fi is available and people can access the internet or other forms of communication technology.
- Where people cannot access a local hairdresser or barber, there will be a hairdressing facility.

Bedrooms

20. Each person who lives or stays at the accommodation on a long term or permanent basis will have their own bedroom. However, to accommodate persons (i.e. couples/siblings) wishing to share bedrooms, two adjoining bedrooms with a connecting half hour fire resistant soundproofed door or movable partition may be provided. Alternatively, people wishing to share a bedroom will be allocated a room each and may choose to share one as a bedroom and the other as a living area. Furniture will be suitable for the size of the room and will allow all equipment to be used safely.
21. Bedrooms may be shared where accommodation is provided on a short term basis only as a service for the homeless, parents with children or where sharing a bedroom is part of a therapeutic or recovery programme.
22. The minimum useable floor space (excluding en-suite facilities) for new buildings and extensions must be 12m². Existing buildings will be expected to meet the 12m² requirement unless otherwise agreed by the Jersey Care Commission. This does not apply to care homes where 5 or fewer people are accommodated.
23. Accommodation that is registered specifically for people with physical disabilities the minimum useable floor space (excluding en-suite facilities) will

be 20m² (any exceptions to this will need to be approved by the Jersey Care Commission).

24. There will be a minimum ceiling height of 2.4m, and room dimensions will allow for a minimum space of 2.0m on one side and 0.8 m on the other side of the bed to promote when necessary, safe handling, and access for any equipment needed.
25. The installation of en-suite facilities will be in addition to the minimum useable floor space standard in any bedroom.
26. The height of the windowsill will afford a view when the person is seated or in bed.
27. Where the accommodation provides furniture in people's private accommodation, these rooms will contain all of the following unless the person wishes otherwise:
 - A suitable bed at a height for safe handling with mattress and accessories suitable for the person's assessed needs.
 - A mirror of suitable size at an appropriate height.
 - Overhead and bedside or wall lighting.
 - Suitable seating for the person's use with seating available for visitors.
 - Drawers or built in shelving.
 - An enclosed space for hanging clothes.
 - A tabletop facility.
 - A lockable storage space.
 - A bedside cabinet.
28. Furniture and fittings will be safely secured and positioned to take into account people's mobility and overall needs. Wardrobes will be secured to walls for safety.
29. The positioning of telephone, television aerial points and light switches will be considered so that they are suitable for the person to control.
30. A minimum of 4 double electrical socket outlets is recommended for each bedroom.
31. Doors will be fitted with appropriate master key locks, with an easy opening (thumb-turn) device fitted to the inside of the door.

Toilet and washing facilities

32. A range of toilet, washing, bath and shower facilities (including assisted facilities) will be provided to meet the needs of people and a toilet facility will be available for use by visitors.
33. En-suite facilities (minimum of a toilet and wash hand basin) will be provided in every bedroom for accommodation where more than 5 people live or stay (new

buildings or extensions must include en-suite showering facilities, wash hand basin and toilet as a minimum).

34. There will be a minimum of 2 separate toilets and 1 assisted toilet to 5 people, with a minimum of 1 facility per floor. Each toilet facility, including en-suite facilities will:
- Be clearly marked and conveniently located to communal rooms.
 - Be fully and separately enclosed.
 - Have suitable hand washing and drying facilities to meet infection control guidelines
 - Have an accessible call system
 - Have a door that opens outwards which will not be unduly hazardous to anyone passing by.
35. Toilets for ambulant, semi and assisted-ambulant people are a minimum of 3m². 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. 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.
36. Where suitably adapted en-suite bathing or shower facilities are provided in peoples' private accommodation, there will be 1 assisted bathroom or shower room per floor. Where there are no suitably adapted en-suite bathing or showering facilities, there will be a ratio of 1 assisted bathroom or shower room to 8 people. Bathrooms for ambulant people, people who require assistance and people who use a wheelchair independently will be a minimum of 8.5m². Bathrooms for people who require the use of a hoist are a minimum of 16m². 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.
37. 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. Hand rails will be in place in toilets and bathrooms.

Medicines

38. There will be an identified area where medicines can be stored in accordance with the manufacturers' instructions. This will have:
- Cupboards conforming to British Standards for the storage of medicines;
 - Space to safely store, access and administer medicines and medicinal products in accordance with current policy and legislation;
 - Sufficient work surfaces for the tasks required;
 - Hand washing facilities in close proximity that meet infection prevention and control guidelines; and
 - Facilities for disposal of medication should be available in accordance with current policy and legislation.

39. There will be a controlled drug cabinet that complies with the Misuse of Drugs (Jersey) Law 1978 for the storage of any Schedule 2 and Schedule 3 controlled drugs subject to safe custody requirements.

40. Where necessary, there will be a lockable trolley or trolleys for the administration of medicines.

Clinical or treatment room (in care homes where nursing care is provided)

41. There will be a clinical or treatment room with facilities in place so that procedures such as application of dressings, health checks or podiatry treatments can be carried out. Certain procedures can be undertaken in people's bedrooms.

42. The clinical room will be fully equipped with (if appropriate) diagnostic and clinical equipment to meet the Statement of Purpose and people's care needs.

43. 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

44. 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 discreetly placed throughout the accommodation.

45. Approved containers that are suitable for the type of waste generated will be provided in all areas of the accommodation. Waste audit data is recorded and will be available for inspection.

46. Wheeled bins for clinical waste where necessary will be provided that allow for 'single handling' of the waste in a secure outside area.

Sluice rooms - Dirty Utility

47. Sluice rooms (where required) will be located away from communal areas, people's private accommodation and areas where food is stored, prepared, cooked or eaten.

48. 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.

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

50. There will be adequate storage in sluice rooms for bedpans, urinals and disposable continence products.

Laundry

51. The laundry will be located away from communal areas, people's private accommodation and areas where food is stored, prepared, cooked or eaten. The location of the laundry will ensure that dirty laundry is not transported through day or dining areas. The laundry will be suitably ventilated and will allow the separation of soiled items from clean clothes and linen.

52. In smaller care homes people should have access to laundry facilities and supported where appropriate to do their own washing.

53. Laundry equipment will include a sink with drainer, washing machine with a sluicing facility and a specified programme to meet disinfection standards, and a tumble drier that is vented externally.

54. Where necessary (i.e. larger homes) the laundry should have a linear progression through the laundry with dirty laundry entering at one end and clean laundry leaving at the other end.

55. There will be facilities for ironing and separately stacking individual's personal laundry prior to distribution.

56. Separate hand-washing facilities that meet infection prevention and control guidelines will be provided in laundries. The laundry operates a dirty-clean workflow.

Catering areas

57. The catering facilities and equipment will be adequate for the method of food provision and for the number of people the accommodation is registered for. Consideration will be given to the provision of separate cooking areas to accommodate specific cultural or religious catering needs.

58. Catering areas will comply with Food Hygiene legislation and best practice. All relevant records will be maintained and available for inspection.

59. Where appropriate people should have access to kitchen facilities in order to prepare meals, snacks and drinks.

Storage

60. There will be provision for the secure storage of all required records.

61. Secure facilities will be provided for the safekeeping of money and valuables held on behalf of people.

62. There will be separate recessed areas designated as storage space for wheelchairs/equipment on every floor and in close proximity to communal areas and peoples' private accommodation. Wheelchair/equipment storage should not be in designated passing places in corridors.
63. There will be separate storage space for larger items of equipment such as mattresses, chairs and hoists.
64. Storage space will be provided for peoples' belongings that cannot be kept in their rooms. Personal items must be easily identifiable as belonging to one particular person.
65. There will be storage space for reserve linen and bedding.
66. 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).
67. Gas and other fuel storage facilities will comply with any relevant legislative requirements and good practice guidance.
68. There will be external storage space for garden furniture, equipment and other items.
69. Where necessary, there will be an area for charging batteries for equipment.

Staff facilities

70. There will be staff facilities, including at least one office, consistent with the required number of people employed at the accommodation.
71. Care/support worker stations will be provided on each floor. The number of care/support worker stations will be dependent on the number of people to be accommodated, category of care and the layout of the accommodation.
72. Staff toilets and showers should be available with lockable lockers consistent with the required number of people on duty at any time.
73. Where staff accommodation is provided as part of a care home, this must not affect the privacy, dignity, health, safety and welfare of people receiving care who live or stay at the care home. It is expected that there will be a separate entrance to staff accommodation. The registered person will ensure appropriate arrangements are in place to manage conduct, behaviour and visitors in staff accommodation.

DRAFT