



Jersey Care
Commission

INSPECTION REPORT

Jersey Hospice Care

**Specialist Palliative Care Team
Home Care Service**

**Mont Cochon
St Helier JE2 3JB**

24 November & 8 December 2020

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Jersey Hospice Care's Specialist Palliative Care home care service. The service is known as the Specialist Palliative Care Team (SPCT) and is one of four registered services provided by Jersey Hospice Care (JHC). Only three services were operational at the time of the inspection; during the pandemic the day hospice service was suspended and remains closed. The SPCT office is situated on the first floor of the main building of Jersey Hospice Care in the parish of St Helier. The service is provided island wide in care receivers' own homes, care homes and the hospital. The service became registered with the Jersey Care Commission ('the Commission') on 20 August 2019.

Registered Provider	Jersey Hospice Care
Registered Manager	Gail Caddell
Regulated Activity	Home Care Service
Conditions of Registration [Mandatory and discretionary]	Maximum number of hours of nursing care that can be provided: 225 Age range of receivers: 18 years and over Category of care: Specialist Palliative Care.
Dates of Inspection	24 November & 8 December 2020
Times of Inspection	09:30-16:55 & 09:15-15:40
Type of Inspection	Announced
Number of areas for improvement	One

The Home Care Service is operated by Jersey Hospice Care and the registered manager is Gail Caddell.

At the time of this inspection (November 2020), there were a total of 84 care receivers on the caseload of SPCT.

The SPCT provides specialist palliative care services for adults (over the age of 18 years) with 'any advanced progressive life limiting illnesses'.

There is a discretionary condition applied in that the registered manager (Gail Cadell) is required to complete the Level 5 Diploma in Leadership in Health and

Social Care by 20 August 2022, or to have demonstrated an equivalent qualification by that time.

The Statement of Purpose reflects that the philosophy of the home care service is, to 'provide the highest standard of specialist palliative care by responding to individual needs, supporting choice and independence'.

SUMMARY OF INSPECTION FINDINGS

This inspection was announced and was carried out on 24 November & 8 December 2020, with telephone consultations within the period of 9-14 December 2020. The inspection visits took place at the offices of the service provider. The inspection process carried out by the Regulation Officer, consisted of two separate visits. The first visit allowed the Regulation Officer to discuss a range of matters that each of the JHC registered services have in common. The Home Care Standards were referenced throughout the inspection.¹

The Regulation Officer focussed on the following areas during the inspection:

- the service's Statement of Purpose and conditions on registration
- safeguarding (adults and children)
- complaints
- safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)
- care planning
- monthly quality reports.

Overall, the findings from this inspection were positive, and there was evidence of care receivers being provided with a service that is safe, and which takes their wishes and preferences into account.

The service continues to work within its Statement of Purpose and conditions of registration. At present there are two therapy services suspended and this has been updated in the Statement of Purpose. These services are the complimentary therapy and lymphoedema therapy services. Care receivers of the lymphoedema service have had their care needs accommodated by Lymphoedema Jersey.

It was positive to note that safeguarding is an area that is given much emphasis across the services at Jersey Hospice Care. The Commission had not been alerted to any safeguarding notifications since the beginning of 2020. Therefore, this was discussed with the Adult Safeguarding Lead at inspection and the safeguarding log which was reviewed as evidence during the inspection confirmed this.

¹ The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.je/Standards/>

There was also evidence of safeguarding measures in place in relation to Covid-19. Stringent infection control measures put in place to protect care receivers, staff and visitors were observed by the Regulation Officer throughout the visit.

There had been no complaints reported to the Commission this year and there was evidence of a clear and comprehensive complaints and whistleblowing policy and process in place. There had been one complaint pertaining to SPCT registered on the complaints log for 2020, this had been escalated and dealt with according to policy.

The service's arrangements for recruiting staff were satisfactory. The People Team (Human Resources) department carries out the recruitment of staff initially. DBS checks / clearances were checked both via an online portal and by having sight of the original certificate. However, the original enhanced DBS certificate could not be viewed at the time of the inspection for any staff member employed within Jersey Hospice Care, as is a requirement of the Standards. Therefore, this was identified as an area for improvement.

There had been some staffing shortages within the SPCT in 2020 due to illness and staff vacancies. The team had been operating with one full time Clinical Nurse Specialist (CNS) vacancy. The Commission had received a notification at the end of September 2020 that the service had been temporarily reduced from a seven-day to a five-day service (9-5), with on-call provision over the weekend. This was only necessary for a short period and the current provision is now increased to six days.

There was evidence of a good system of governance. For example, clinical and safeguarding supervision and staff appraisal processes were in place for all staff.

Care plans were reviewed for a small random sample of care receivers, these were in electronic format (EMIS). The Regulation Officer found evidence of core care plans in template form and at the time of the inspection, a pilot of service specific care plans was underway, these included Gold Standard Framework (GSF) and complex pain care plans. These pilot care plans are being designed to reflect the complex care needs and to contribute to the personalisation of care plans for individual care receivers.

Monthly quality reports are produced by one of the CNS's from within SPCT with oversight by the Associate Director Quality and Patient Safety, which ensures external review and oversight. A sample of these reports were viewed at inspection and were found to be clear and concise with a review of any incidents and appropriate action plans as per the requirements in the Standards.

INSPECTION PROCESS

Prior to the inspection visit, information submitted by the service to the Commission since the service became registered was reviewed. This included any notifications and any changes to the service's Statement of Purpose.

There had been one previous courtesy visit to the home in January 2020, at which time it had been possible to have a tour of JHC and meet with staff in person.

The approach to this inspection was modified due to Covid-19 restrictions. The Regulation Officer was able to meet with the SPCT in person at their offices in the JHC building. Interviews with care receivers and / or their representatives took place separately by telephone within the period of 9-14 December 2020. Microsoft Teams was utilised for a meeting with the registered manager and to meet the People Team department for a review of the staff recruitment process and employee records.

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. Three care receivers / representatives, four members of staff and the registered manager were each spoken with during the inspection. The Deputy Director of Palliative Care Services and the Associate Director Quality and Patient Safety were also spoken with in person at both the start and the end of the first inspection visit.

During the inspection, records including policies, care records, staffing rosters, recruitment documentation, monthly reports and complaint / safeguarding logs were examined.

At the conclusion of second inspection visit, the Regulation Officer provided feedback to the registered manager.

This report sets out the findings of the inspection and includes areas of good practice which were identified. Where areas for improvement have been identified, these are described in the report and an action plan attached at the end of the report.

INSPECTION FINDINGS

The service's Statement of Purpose and conditions on registration

The Home Care Service's Statement of Purpose was reviewed prior to the inspection visit. The Standards outline the provider's responsibility to ensure that the Statement of Purpose is kept under regular review and submitted to the Commission when any changes are made.

The Home Care Service's Statement of Purpose was provided upon initial registration and was reviewed prior to the inspection. The content continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the manager fully understood their responsibilities in this regard.

The SPCT is an advisory and supportive service providing specialist palliative care services for adults. The SPCT provides advice and support on, for example, symptom management, advanced communication, treatment escalation and Advanced Directive / End of Life care.

There is a multidisciplinary team (MDT) approach to care, which includes medical and nursing teams, physiotherapists, a social worker, a pharmacist and emotional support provided by the bereavement team. Out of hours advice and support are provided by the out of hours General Practitioner Service and the on-call team of Consultants in Palliative Medicine which is based in the UK. In exceptional circumstances, overnight or on-call support for individual care receivers can be arranged by commissioning a home care provider to provide this service.

The Home Care Service is, as part of the registration process, subject to the following mandatory and discretionary conditions:

Conditions of Registration	<p><u>Mandatory</u></p> <p>Maximum number of hours of nursing care that can be provided: 225 Age range of receivers: 18 years and over Category of care: Specialist Palliative Care.</p> <p><u>Discretionary</u></p> <p>The registered manager (Gail Caddell) must complete a Level 5 Diploma in Leadership in Health & Social Care by 20 August 2022, or by that time to have demonstrated an equivalent qualification.</p>
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A discussion with the manager and an examination of records provided confirmation that these conditions on registration were being fully complied with at the time of the inspection. The Commission was informed during the inspection that a new manager has been appointed to the service and will submit an application to the Commission early in 2021.

The Home Care's Statement of Purpose clearly describes the range of care needs that can be supported, how the service is provided and how the service will be monitored and reviewed. Further information is also available on the JHC website.

The service continues to work with other professionals, as well as care receivers and their families to provide an inclusive and multidisciplinary approach to care.

The Regulation Officer was satisfied that all conditions were being met at the time of the inspection.

Safeguarding (adults and children)

The Standards for Home Care Service set out the provider's responsibility to ensure that care receivers feel safe and are protected against harm. This means that service providers should have robust safeguarding policies and procedures in place which are kept under review. Staff working in the service should be familiar with the safeguarding arrangements and should make referrals to other agencies when appropriate.

At JHC there are systems in place to support the safety and protection of both staff and visitors. The Regulation Officer observed the use of infection control measures in keeping with JHC infection control measures and current government guidance in relation to Covid-19, both on arrival at the building and throughout the visit.

There are also CCTV cameras in operation on the outside of the building, which are monitored by the facilities department in accordance with information protocols. All the cameras were operational at the time of the inspection.

The Regulation Officer reviewed the Safeguarding Policies and Procedures (Children and Adults at Risk), which are in place to guide staff on what to do if they have a safeguarding concern. The policy that had been reviewed and ratified in August 2020, contained details on types of abuse, responsibilities of the staff and procedures for escalating concerns. The 'Safeguarding Summary' (A Quick Reference Guide) was also viewed. This had been developed in 2020 and provides a useful overview of safeguarding, using easier to understand language. It was explained that this guide has been useful in supporting volunteers at the hospice, particularly where they have no prior experience or training in safeguarding. Safeguarding training is also part of the induction programme for volunteers.

A Safeguarding Audit (completed in September 2020 by the adult Safeguarding Lead), identified that the majority of the Standards in relation to safeguarding were being fully met. Where Standards were being partially met, a clear action plan was in place.

Any safeguarding concerns are recorded appropriately in the safeguarding log / folder, which was provided as evidence and reviewed by the Regulation Officer at the time of the inspection.

The staff also informed the Regulation Officer that they were clear about their responsibilities in relation to safeguarding and of the escalation policy. They discussed that they were confident with raising concerns with their line manager or Safeguarding Lead. There are named adult and children's Safeguarding Leads within the organisation.

All qualified staff are trained to Safeguarding Level Three through the Safeguarding Partnership Board and all health care assistants are trained to Level Two. Admin staff are trained in-house at foundation level. There is clinical and safeguarding supervision provided by management for all staff. A safeguarding committee was established in September 2020, meets monthly and provides an annual report to the Trustees. The safeguarding committee includes members from the many different departments across JHC, for example, retail, People Team, education and volunteers. Its' purpose is to provide oversight of safeguarding work and make recommendations to improve performance.

Complaints

The Standards for Home Care Service set out the provider's responsibility to ensure that there are arrangements in place for the management of complaints. This means that care receivers should know how to make a complaint and what to expect if they need to make a complaint. The service's staff should be familiar with the complaints management procedures and service providers should closely monitor their implementation.

There had been no complaints reported to the Commission regarding Jersey Hospice Care since the beginning of 2020. There was evidence that a positive change in practice had taken place because of a complaint that had been escalated and dealt with according to policy within JHC in 2020.

The complaints procedure, policy and form can be accessed online via the JHC website. These include reference to the Commission and now include the Commission's contact details. The contact details for the Commission were added immediately following the first inspection visit on the advice of the Regulation Officer. There is also a central complaints log for clinical services, which is overseen by the Associate Director Quality and Patient Safety. The Deputy Director of Palliative Care Services is responsible for reflective practice after complaints.

Alongside complaints, the service also receives numerous compliments in the form of letters, 'thank you' cards and patient feedback / surveys. Patient feedback forms are included in the patient information packs that are provided when accessing the service.

Two care receivers commented to the Regulation Officer that they had no concerns at present but that if they did, they would simply phone the hospice or team number and felt assured that they would get through to the right person.

Safe recruitment and staffing arrangements (including induction, training, supervision, staffing levels)

The safe recruitment of staff is an important element in contributing to the overall safety and quality of service provision. The Standards and Regulations set out the provider's responsibility to ensure that there are always suitably recruited, trained and experienced staff available to meet the needs of care receivers.

A summary of the staff profile and staffing levels are included in the Statement of Purpose.

Care receivers are allocated to a CNS depending upon geographical area and to align with the District Nursing teams. On occasion, the hospice CNS may visit care receivers jointly with a District Nurse. One of the CNS's is based at the hospital, which facilitates a close working relationship with the hospital multidisciplinary team. The SPCT also meet monthly with other CNS such as the respiratory, heart failure and neurocare nurse specialists.

The team are currently working with five nurse specialists instead of six. One of the nurses currently working in the team had been redeployed to SPCT during the pandemic from another service within JHC. The team discussed with the Regulation Officer that there is a plan to grow the team from within, with the development plan for nurses who wish to progress to the CNS (Clinical Nurse Specialist) role.

The SPCT are supported by a medical team onsite, which includes an Associate Specialist, Staff Grade doctor and a GP with specialist interest in palliative medicine. There was at the time of the inspection a vacancy for a Consultant in Palliative Medicine. A team of UK-based consultants in palliative medicine, who prior to the pandemic were visiting for two days each quarter, provide medical advice and support. This support is provided seven days a week and includes an out of hours (after 5pm) on-call service. The care receiver's GP shares care of their patients with the hospice medical team as required both during and out of hours. There is a weekly MDT meeting every Monday and staff commented to the Regulation Officer that the discussions and reviews which take place in these meetings were extremely useful.

The People Team department undertakes much of the recruitment process, although managers are involved in the process of short-listing applicants and the interview process. A draft of the Safer Recruitment Policy was reviewed at inspection which appeared to set out a very clear framework for the recruitment process. There is also a very clear probation and induction process for staff within the organisation. Each staff member will have a twenty-week probation with a probation meeting at the end to provide confirmation that this has been completed successfully.

The Regulation Officer reviewed a small sample of staff personnel files during the inspection. These were well organised and evidenced that the appropriate pre-employment checks were in place before staff had started working within the service. DBS checks were accessed on-line via a portal and a document confirming that the original DBS certificate had been viewed prior to employment, was kept on file for each employee. However, a copy of the original DBS certificate had not been retained for the purpose of inspection by the People Team Department, as is a requirement of the Standards. This is an area for improvement, and was discussed and agreed with the registered manager and the Deputy Director of Palliative Care Services at the end of the inspection. The Deputy Director agreed to notify the People Team department of the Commission's requirement with immediate effect.

The Education, Learning and Development Team provide most of the extensive training opportunities on offer at JHC. The Education Department is on site and is easily accessible to all staff. As well as delivering core training days for both clinical and non-clinical staff, the Education Team, also provide safeguarding supervision sessions, care certificate training and access to more specific, specialist training. Examples of specialist training include, the European Certificate in Essential Palliative Care (ECEPC), which is a distance-learning course and runs twice yearly and modules in End of Life Care which are studied at university. The Education centre also provides training opportunities to the staff from other organisations / services within the community and hospital sectors. They can offer bespoke training on for example, advanced care planning, breaking bad news, grief, and loss.

The SPCT commented to the Regulation Officer that despite the pandemic, their training opportunities this year had been generally good. Although, community training had been suspended, this had provided more opportunity for training and development within the hospice. The SPCT training matrix was viewed during the inspection and was deemed to be compliant / satisfactory.

Training and education are also provided by the SPCT to staff both in the community and hospital settings. Twice yearly education is provided for care homes for senior carers and nurses, with ad hoc training provided as required throughout the year. The CNS's also teach on the degree programme, for example on end of life care and syringe drivers.

The clinical nurse specialists were able to describe their clinical and safeguarding supervision that happens every 6-8 weeks and yearly appraisals that are arranged by management. The CNS's also act as clinical supervisors for more junior staff within JHC.

JHC uses the Restorative Clinical Supervision model and the Policy and Procedure for Clinical supervision was ratified in January 2019. In addition to one to one supervision, the SPCT also have a monthly group supervision with one of the Consultants in Palliative Medicine in the UK.

Direct feedback from care receivers provided evidence of positive engagement with staff and of staff members' 'excellent advice and care' and 'respect and understanding'.

One care receiver commented about how much they valued the 'honest and open exchange of information' between themselves and staff and the importance of 'being included in care planning'.

Another commented on the importance of the teams' emotional support as well as help with 'the medical side'.

Care planning

The people to receive this service should have a clear plan of the care to be provided to them. This should be based on an assessment of their needs, wishes and preferences. The Standards and Regulations set out the provider's responsibility to ensure that care plans are person centred and kept under review. The staff delivering care should be familiar with the care plans and ensure that any changes in needs are communicated appropriately.

Referrals to the SPCT are received by fax or letter. The staff grade doctor triages these. There would be an initial phone call to assess urgency, followed by a visit by one of the CNS's. At the initial visit, the role of the CNS and the SPCT is explained and the care receiver is given an information leaflet and relevant contact numbers. Care is provided with the consent of the care receiver which is sought and recorded on access to the service.

The SPCT use electronic mobile devices to record the care plans, which are stored on the electronic recording system, 'EMIS'. EMIS is divided into three sections, care plans, documents and consultations. The consultations provided evidence of regular updates, in the format of phone calls or visits. An example of the type of documents which are retained on file are scanned blood results for an individual care receiver.

Assessment templates are completed with the care receiver, which then act as the plan of care. The team provide specialist advice and support regarding complex symptom management, psychological and spiritual / emotional needs.

A sample of three care plans were reviewed by the Regulation Officer. These each demonstrated evidence of personalisation and reflected the complex care requirements of a care receiver receiving palliative care. The plans contained a holistic assessment and sections on physical, psychological and spiritual needs. Evidence-based assessment tools were used to assess areas of care including, pain management and skin integrity. The tool is important in ensuring that referrals are made promptly. For example, if a care receiver was identified as being at risk of skin damage, the CNS would make an immediate referral to the District Nurse for physical care in this regard. The Regulation Officer also viewed a pre-visit screening checklist which was used across all three services.

The four care plan templates which were being trialled as a pilot at the time of the inspection, were devised by the Senior Nurse. This staff member compared similar templates from a UK centre of excellence in palliative care and Scottish guidance in devising the plans. This is an example of good practice where improvements in care are driven by evidence-based practice and national standards. Extra space for writing was also created within the care plan to better facilitate personalisation. Gold Standards Framework (GSF) care plans were included as part of the pilot as they are integral to care. JHC introduced the Gold Standards Framework in 2015, the framework is a best practice model for end of life care that aims to improve quality of care for all in the last year of life.

The Inpatient Outcome Score (IPOS) was reviewed in one of the care plans. This is a very detailed questionnaire / score which is used to help evaluate whether outcomes have been achieved. It contains ten questions pertaining to symptoms experienced over the previous three days and the care receiver is asked to score these according to how much they have been affected by the symptom over the last three days (score of 0-4). Further questions are asked about feelings of anxiety, worry or depression and whether they had shared or discussed these feelings with anyone. Finally, there are questions around any practical problems and information sharing. The medical team also review the IPOS on a regular basis, as they are a useful aid in complex symptom assessment and management.

Monthly quality reports

The quality of care provision should be kept under regular review. The Standards and Regulations set out the provider's responsibility to appoint a representative to report monthly on the quality of care provided and compliance with registration requirements, Standards and Regulations. The manager should be familiar with the findings of quality monitoring activity and any actions required to improve the quality of service provision.

There is a robust system of clinical governance and audit at both a service and organisational level.

One of the CNS's completes a report every month and uses a template that had been developed by the Commission for this purpose. The Regulation Officer reviewed a sample of these reports from 2020. The reports were found to be clear and concise with appropriate recording of incidents, audit, complaints / concerns, relevant action plans and reviews of previous actions. Importantly oversight and review of these reports is undertaken by the Associate Director Quality and Patient Safety. The Associate Director commented to the Regulation Officer that they would also be involved in progressing action plans if required. The monthly reports from each service provide updates regarding quality, safety and governance issues to the Council of Trustees (the body which governs the JHC).

The CNS's conduct monthly clinical audit within the team such as pain, medication and documentation audits. A summary of audits undertaken within the last month are included in the monthly reports.

There is an Annual Clinical Governance Report that was viewed at inspection for the first six months of 2020. This provides an overview of clinical effectiveness, patient safety and experience for all three services registered with JHC.

The Education, Learning and Development Strategy for 2020 (Mid-Year Report) was also provided as evidence which provided clear oversight of the impact of Covid-19 on education and training. It also recorded what had been achieved since the beginning of 2020 and the plan for the next six months.

The Regulation Officer was satisfied that the Standard was being met with respect to Quality monitoring.

IMPROVEMENT PLAN

There was one area for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Regulation 17</p> <p>To be completed by: with immediate and ongoing effect.</p>	<p>The registered person should ensure that all relevant information for employment checks is retained for inspection, including DBS certificates.</p>
	<p>Response by registered provider:</p> <p>JHC does have a very robust process in place to obtain original DBS certificates and ensure appropriate checks and actions are taken, which is evidenced in writing and held on file. In addition, DBS certificate outcomes are available via our 3rd party providers online portal for inspection purposes. Proof of appropriate checks and actions taken for all employee records inspected were fully complete.</p> <p>Post the Inspection, the original DBS certificates are being retained by JHC as required by the JCC.</p>

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



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