



**Jersey Care
Commission**

INSPECTION REPORT

Jersey Hospice Care

**Children & Young People
Service Hospice at Home
Homecare 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 Children and Young People home care service. It is one of four registered services provided by Jersey Hospice Care (JHC); only three services were operational at the time of the inspection. Shortly after the start of the pandemic, the day hospice service was suspended and remains closed. The office for the Children and Young People service (CYP) is located on the first floor of the main building of JHC in the parish of St Helier.

The CYP service is a relatively new and developing service that aims to support the child right through from diagnosis to end of life care or transition to adult services. Care is provided across the island and often in conjunction with other agencies / services, in particular, Family Nursing and Home Care. The service provides complex nursing care and respite care in the care receiver's own home, in addition to emotional and bereavement support. The service became registered with the Jersey Care Commission on 21 August 2019.

Registered Provider	Jersey Hospice Care
Registered Manager	Charlotte Vost (Interim Manager)
Regulated Activity	Home Care Service
Conditions of Registration [Mandatory and discretionary]	Maximum number of hours of nursing care that can be provided: 112 Age range of care receivers: 0-18 years 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 interim manager is Charlotte Vost.

At the time of the inspection, there were two children and young people receiving respite care from the service and four accessing emotional support and play therapy. The CYP service provides specialist palliative care to children and young people who

have a life-limiting or life-threatening diagnosis from birth to 18 years. The service also provides support and information to parents, siblings and the wider family unit.

The Statement of Purpose reflects that the philosophy of the home care service is, 'to enable babies, children and young people to live their lives to their full potential throughout their illness, by providing holistic assessment, support and advice'.

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. 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 the complimentary therapy service is suspended and this has been updated in the Statement of Purpose. If required care receivers are sign posted to other available services.

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 Child Safeguarding Lead at inspection.

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, visitors and staff were observed by the Regulation Officer throughout the visit.

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

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.

The service's arrangements for recruiting staff were examined. 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 was evidence of adequate staffing numbers from discussion with the interim manager and examination of staffing records. Although, there had been challenges due to staff sickness and vacancies in 2020. There was also evidence of a good system of governance. For example, clinical and safeguarding supervision and staff appraisal processes were in place.

Care plans were reviewed for a small random sample of care receivers. Hard copy care plans are used in conjunction with electronic format (EMIS). A picture of the child is attached to the plan to aid identification and there was evidence of age appropriate, personalised plans.

Monthly quality reports are produced by the interim manager with oversight by the Associate Director Quality and Patient Safety, which ensures external review and oversight. A sample of these reports were reviewed 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.

The Commission had received a notification of service suspension in April 2020 as a result of Covid-19. This meant that for a period of three months there was a change in service delivery, with support provided by telephone and / or digital means, rather than in the care receiver's own home. This decision was made in-line with local Government guidance in respect of social isolation and shielding requirements. The 'Tots and Toys' group which would usually meet on a weekly basis at JHC was also suspended at the beginning of the pandemic and remains suspended.

There had been one previous courtesy visit 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 interim manager of CYP in person at

their offices in the JHC building. An interview with a parent took place separately by telephone within the period of 9-14 December 2020. Microsoft Teams was utilised for a meeting with the Director of Palliative Care Services and to meet with the People Team department for a review of the staff recruitment process and employee records.

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 the first inspection visit, the Regulation Officer provided feedback to the interim manager and the Deputy Director of Palliative Care Services.

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 interim manager fully understood their responsibilities in this regard.

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: 112 Age range of care receivers: 0-18 years Category of care: Specialist Palliative Care.</p> <p><u>Discretionary</u></p> <p>None</p>
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A discussion with the interim 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 had received an absence of manager notification from the service in July 2020 and to advise of the interim management arrangements. The interim manager was able to provide evidence of the support that has been put in place to assist them in this position and assured the Regulation Officer that the plan is to advertise the registered manager position early in 2021. It was agreed that the Commission would keep the management arrangements under review.

The Home Care Service'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.

Systems are in place to support the safety and protection of both staff and visitors at JHC. 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 an overview of safeguarding, using easier to understand language.

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.

The interim manager who also acts as the children's Safeguarding Lead informed the Regulation Officer that they were clear about their responsibilities in relation to safeguarding and of the escalation policy.

The nursing staff on the CYP team (including the associate practitioner) are trained to Safeguarding Level Three through the Safeguarding Partnership Board. 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 an oversight of safeguarding work within the organisation 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 this service since the service became registered. The interim manager for CYP discussed that 'how to complain' is part of the home care agreement that is discussed and agreed with care receivers upon accessing the service.

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. There was evidence of positive feedback in the format of a questionnaire from a parent entitled 'Tell us what you think', they remarked upon the good care which they had received and the dedicated staff. It was positive to note that a separate questionnaire had been developed for younger children and they could respond by using images to indicate how they are feeling.

The parent of a care receiver commented to the Regulation Officer that they had no concerns at present but that if they did, they would simply 'address it directly with staff' and felt able to do so because of a 'very open relationship'.

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. The CYP team consists of the interim manager, a registered children's nurse, an associate practitioner / play therapist and a trainee emotional support and bereavement counsellor.

The service is provided 9am to 5pm, Monday to Friday. There is no service provision overnight or at weekends. Staff allocation is determined by the level of nursing needs and nursing staff carry out activities such as feeding and medicine administration. The team may also assist in end of life care, although the Family Nursing and Home service would lead on that.

The People Team department undertakes much of the recruitment process, the interim manager would however, ensure that the appropriate pre-employment checks had been completed prior to any member of staff commencing employment in the service. 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 employee records 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 interim 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 CYP team are almost completely up to date with mandatory training, a record of this is kept in the training, development and safeguarding log.

The interim manager of CYP described her own experience of the education department as being 'brilliant'. She also described her own recent induction experience as 'being taken seriously' by her colleagues and management. Her induction included both corporate and service specific induction. The service specific induction included specialist skills, for example suction competency (suction is used to clear respiratory secretions).

The team have clinical supervision outside of the team to allow staff members to discuss topics in a safe / non-judged environment and there is a team meeting every week. The interim manager has monthly supervision with the Deputy Director of Palliative care and a weekly one to one meeting with the Director of Palliative care. JHC uses the Restorative Clinical Supervision model and the Policy and Procedure for Clinical supervision was ratified in January 2019. It is positive to note this effective system of internal governance.

Direct feedback from one relative provided evidence of positive engagement with staff and of a staff member's 'professional care' and amazing support. They also commented about the benefit of the weekly respite care provided by the CYP team, which they used to catch up on chores or as time to simply 'relax'.

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.

The care plans for the CYP service are stored both in hard copy and on the electronic recording system, 'EMIS'. An information pack is provided to care receivers / representatives on the first assessment visit. The team provide specialist nursing care and advice regarding complex symptom management, psychological and spiritual / emotional needs.

The care plans are based on a holistic needs assessment of the care receiver and are completed in the child's own home. On completion of the assessment, the care receiver / representative sign off on the care plan as a 'true reflection of needs'. The plans include; who was present at the assessment, individual risk assessments and advanced care plans. The interim manager commented that it was important to include all of the family members in the development of a plan and the emphasis of

support not only for the child but for siblings and other family members was identified as an area of good practice. Prior to Covid-19 support for family outings was also offered as part of the service.

The Regulation Officer reviewed a sample of two care plans during the inspection. These both demonstrated evidence of age appropriate plans and detailed personalisation. It was positive to note a section in the plans entitled ' how I like to play and relax' and communication care plans which are essential for the child's well-being. The section on medication included a community prescription chart for ease of reference. Evidence-based assessment tools were used to assess areas of care including pain management and skin integrity.

In addition to the care plans, the staff of the CYP team also have a weekly handover to ensure that they are up to date with the care receivers on the caseload and a weekly staff meeting.

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.

The interim manager 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).

Monthly clinical audit is undertaken by the team such as documentation audit. A summary of audits undertaken within the last month are included in the monthly reports and the CYP work plan for 2020-2021.

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 are 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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