



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Jersey Hospice Care**

**In Patient Unit (IPU)  
Care Home 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 In Patient Unit (IPU) care home 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. The day hospice service was suspended shortly after the start of the pandemic and remains closed. The service is situated in the parish of St Helier, with an elevated position that provides beautiful views out to sea and of the landscaped gardens from each of the bedrooms. The twelve bedded unit offers facilities for short stay admission, each of the rooms are en-suite and have a patio door that opens out onto the garden. The service became registered with the Jersey Care Commission ('the Commission') on 1 January 2019.

Registered Provider	Jersey Hospice Care
Registered Manager	Gail Caddell
Regulated Activity	Care Home Service
Conditions of Registration [Mandatory and discretionary]	Nursing care can be provided to a maximum of 12 care receivers. Category of care: Specialist Palliative Care. Age range of care receivers: 18 years and above. The maximum number of persons to be accommodated in the following rooms: Rooms 1–12 one person.
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 Care Home Service is operated by Jersey Hospice Care and the registered manager is Gail Caddell. At the time of the inspection, there were eleven people receiving care from the service.

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

The Statement of Purpose reflects that the philosophy of the home is, 'to provide the highest standard of specialist palliative care by responding to individual needs, supporting choice and independence'. Care receivers are typically admitted for assessment, symptom management, respite and end of life care.

## **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 Care Home Standards were referenced throughout the inspection.<sup>1</sup>

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. Two safeguarding concerns had been logged in 2020 but not escalated, as both were resolved without

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

the need for further escalation and / or referral. The safeguarding log that the Regulation Officer reviewed as evidence during the inspection confirmed this.

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.

The Commission had not been notified of any complaints arising within the service since the previous inspection 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 reviewed during the inspection. 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 a discussion with care staff and an examination of staffing records. 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. These were in paper rather than electronic format. Staff commented that a previous trial of the care plans in electronic format had been unsuccessful due to some difficulty in adapting them. The Regulation Officer found evidence of both core care plans but also 'bespoke', individualised care plans, for example, for sleep hygiene. It was positive to note that these plans were both highly detailed and personalised.

Monthly quality reports are produced by the Senior Nurse in the IPU 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. Furthermore, some reference was made to the previous inspection visit that was carried out in December 2019 and where (at that time) there were no requirements or recommendations made.

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 the IPU and meet with staff in person.

The approach to this inspection was modified due to Covid-19 restrictions. A change in government guidance regarding visiting to care homes occurred in the evening immediately prior to the inspection. As a result of this, there was no direct footfall by the Regulation Officer in to the IPU. The inspection was instead conducted virtually. Microsoft Teams was used to conduct interviews and meetings with care receivers and staff instead of face to face contact. Feedback from care receivers was also provided indirectly in the format of patient surveys and patient 'thank you' messages and compliments. One care receiver interview took place on Microsoft Teams as did five staff member interviews. The IPU Senior Nurse interview took place face to face whilst reviewing the care plans with adherence to JHC infection control measures.

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 inspection, the Regulation Officer provided feedback to the Registered Manager and the Associate Director of Quality and Patient Safety.

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 Care Home 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 Care Home's Statement of Purpose continues to reflect the range and nature of services provided to care receivers. The Regulation Officer was satisfied that the registered manager fully understood their responsibilities in this regard.

The current suspension of the complimentary therapy service was discussed with the Senior Nurse. She commented that the service is expected to return although perhaps in a different format to before, as this was something that care receivers valued.

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. The IPU delivers specialist palliative care for adults (aged 18 and over) with complex needs associated with any advanced progressive life limiting illness. There is an MDT meeting every Monday to discuss topics such as planned admissions to the home and complex cases.

The IPU is also supported by a catering and housekeeping team with a ward clerk providing administrative support Monday-Friday.

The Care Home 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>Nursing care can be provided to a maximum of 12 care receivers.            Category of care: Specialist Palliative Care.            Age range of care receivers: 18 years and above.            The maximum number of persons to be accommodated in the following rooms:            Rooms 1–12 one person.</p> <p><u>Discretionary</u></p> <p>The registered manager (Gail Caddell) must complete a Level 5 Diploma in Leadership in Health &amp; 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. 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 Care Home service’s Statement of Purpose clearly describes the range of care needs that can be supported and how the service is provided and includes how the service will be monitored and reviewed. In addition to this, an information pack can be found in each room in the IPU which contains useful information regarding what to expect during any stay. 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)**

<p>The Standards for Care Home 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.</p>
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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. The Regulation Officer underwent a screening process on arrival at the home and witnessed other visitors being screened in the same way. The screening checks included a temperature check and Covid-19 screening questions.

There are also CCTV cameras in operation on the outside of the building, which are monitored by the facilities department in accordance with data protection 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 and a safeguarding committee (established September 2020) which 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. One staff member described her regular clinical supervision as 'invaluable'.

The Regulation Officer also viewed a Safeguarding pressure ulcer matrix which is used on the IPU and has been successful in preventing further escalation of pressure damage as a safeguarding concern, due to early intervention and treatment.

It was also positive to note that a medicines management inspection undertaken on behalf of the Commission by a Senior Pharmacist employed by, Health and Community Services took place on 26 November 2020. The overall assessment was that medicines management at JHC is excellent.

## **Complaints**

The Standards for Care Home 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.

The Commission had not been notified of any complaints arising within the service since the previous inspection. The senior nurse for IPU described some 'low level' complaints around visiting and dietary preferences, which had been quickly resolved by engaging with the persons involved.

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 after 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.

One staff member commented that they would have no hesitation in escalating a whistleblowing concern to senior management if required.

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 welcome packs situated in each of the bedrooms.

'Thank you' cards viewed by the Regulation Officer commented on the 'kindness, love and compassion' of the IPU staff.

Two of the feedback forms contained positive comments about how 'easy it was to speak to staff members' and how 'staff were always happy to answer questions'.



## **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. A sample of eight weeks of duty rota was provided to the Regulation Officer on the day of the inspection and was reviewed afterwards. This evidenced that an adequate number of qualified and non-qualified staff is on each shift in accordance with the Standards.

The senior nurse described some staffing issues at the beginning of the year. This had been resolved by staff being redeployed from elsewhere in the service during the pandemic. It was reported to the Regulation Officer that staffing at the time of the inspection was almost at full establishment and that a recent vacancy had been filled.

Although much of the recruitment process is undertaken by the People Team department, the senior nurse for IPU participates directly in the interview process and has oversight of some of the pre-employment checks carried out by the People Team department.

Each new staff member has three intense induction days and is assigned a clinical supervisor on commencement of employment. There is a twenty-week probation period with a meeting at the end to confirm probation is complete. Each year each staff member has a Core Training day (these includes skills such as manual handling and infection control) and a total of seventeen and a half mandatory study days. The staff-training matrix was provided as evidence at inspection.

The Education, Learning and Development Team provide most of the extensive training opportunities on offer at JHC. The Education department is on site and so is easily accessible to all staff. As well as delivering core training days for both clinical and non-clinical staff, the Education Team also provides 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. Two staff members commented favourably regarding the content and level of competency achieved through the care certificate training in-house.

The Regulation Officer reviewed three 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 it was discussed and agreed with 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 nursing team are supported by a medical team onsite, which includes an Associate Specialist, Clinical Fellow, 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.

JHC uses the Restorative Clinical Supervision model and the Policy and Procedure for Clinical supervision was ratified in January 2019. Staff were able to describe their clinical and safeguarding supervision that happens every 6-8 weeks and yearly appraisals that are arranged by management.

Direct and indirect feedback from care receivers, provided evidence of positive engagement with staff and of staff members 'professionalism and quality of care'.

### **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.

Admissions to the IPU are arranged for planned, urgent or respite care and are prioritised based on clinical need. It may be that the care receiver is already accessing one of the other services at JHC but referrals are also received from other services / professionals (outside of JHC) or care receivers or their family members can self-refer.

The care plans are based around the activities of daily living (nursing care model) and there are around thirty core care plans. The team on IPU devised these core care plans with equal importance given to 'evidence based practice and personalisation'. It was positive to note that there is a tick box incorporated into each care plan which indicates whether the care receiver has been involved in the care plan, or why this has not been possible. Further evidence of personalisation is the inclusion of the 'This is Me' document that includes personal preferences.

The Regulation Officer reviewed a sample of four care plans. These, confirmed consistency in the frequency of reporting and updating. They were well organised with clearly defined sections. There was appropriate use of assessments tools, for example for pain, falls and skin integrity. Bespoke care plans for specific dietary

needs and specific care needs were reviewed, for example for a vegetarian diet and sleep hygiene. The content of these plans was found to be extremely detailed and personalised.

The Regulation Officer reviewed a pressure ulcer care plan which included photographic records and a Commission incident form. These care plans were in booklet format within the main care plan folder. The senior nurse discussed that several booklets had been devised for use in conjunction with the care plans. Another example of this was the end of life documentation which is used as a care plan for care receivers in the last few hours and days of life. Spiritual care is part of the holistic assessment and there is access to the chaplaincy team working at the hospice as part of the multidisciplinary team. One of the Grade 5 nurses also acts as a spiritual lead.

It was also positive to note that the care plans included a lot of detail pertaining to symptom assessment and management, such as would be expected in a specialist palliative care unit. Management and recording of complex symptom control reflected the use of various assessment tools. These included pain assessment tools which took account of non-verbal signs of pain, a body map and pain score. There was also a specific pain assessment tool for care receivers with a diagnosis of dementia. The Regulation Officer also reviewed a draft copy of JHC's 'Care Planning Guideline' that will provide guidance for staff in assessing and planning care needs.

### **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.

It was positive to note that standards of care are assessed against the Jersey Nursing Accreditation Assessment System (JNAAS) Framework (Government of Jersey) and the Commission's Standards. There is a JNAAS evidence folder on the unit, and a formal assessment was undertaken in February 2020. The Gold Standards framework is used as a best practice model for end of life care throughout JHC and was introduced in 2015. It aims to improve quality of care for all in the last year of life.

There is an annual audit cycle and a chart in the IPU office provides a clear overview of these audits. For example, at the time of the inspection a constipation audit was currently underway. The monthly audits include, infection control, mouth care and hand wash audit twice monthly.

There is a robust system of clinical governance and audit at both a service and organisational level. The senior nurse or grade five nurse using the Commission template carries out a monthly report. 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. This happens across all three services at JHC. 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.

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. JHC also takes part in Hospice UK benchmarking regarding pressure ulcers, falls and medication incidents on IPU.

## 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><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Regulation 17</p> <p><b>To be completed by:</b> with immediate and ongoing effect.</p>	<p>The registered person should ensure all relevant information for employment checks is retained for inspection to include DBS certificates.</p>
	<p><b>Response by registered provider:</b></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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