



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**In Patients Unit (IPU)**

**Care Home Service**

**Jersey Hospice Care  
Mont Cochon  
St Helier JE2 3JB**

**22 June & 25 August 2021**

## 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). 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. At the rear of the building, there is a large car park for visitors and staff. 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 IPU offers specialist palliative care services for adults with complex needs associated with any advanced progressive life limiting illness. The service became registered with the Commission on 1 January 2019.

| Regulated Activity         | Care Home  |
|----------------------------|--|
| Conditions of Registration | <p><u>Mandatory</u></p> <p>Type of care: Nursing</p> <p>Category of care: Specialist Palliative Care</p> <p>Maximum number of care receivers in receipt of nursing care: 12</p> <p>Age range of care receivers: 18 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-12 one person.</p> <p><u>Discretionary</u></p> <p>Hilary Hopkins, Registered Manager, is required to complete the Level 5 Diploma in Leadership in Health and Social Care by 24 February 2024, or to have demonstrated an equivalent qualification by that time.</p> |

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| Dates and times of Inspection                                      | 22 June 2021 - 10:00 – 15:45 unannounced<br>25 August 2021- 14:00 – 17:15 – announced |
| Number of areas for improvement                                    | None  |
| Number of care receivers accommodated on the day of the inspection | Eleven  |

Jersey Hospice Care operates the Care Home, and the Registered Manager is Hilary Hopkins.

Since the last inspection on 24 November and 8 December 2020, the Commission received an application from Hilary Hopkins to register as manager of the In Patients Unit care home service in January 2021. The Commission approved this proposal, and the register was updated on 24 February 2021. There was discussion with the Deputy Director of Palliative Care Services, following the second inspection visit and it was agreed that the service’s Statement of Purpose would need to be updated in respect of the new manager prior to the publication of this inspection report. The updated Statement of Purpose was received immediately following the discussion.

There is a discretionary condition applied in that the Registered Manager (Hilary Hopkins), is required to complete the Level 5 Diploma in Leadership in Health and Social Care by 24 February 2024, or to have demonstrated an equivalent qualification by that time.

## SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The service’s arrangements for recruiting staff were satisfactory at the time of the inspection; the Senior Nurse (IPU) reported three staff vacancies currently. The Senior Nurse was also pleased to report that all volunteers who had been double vaccinated had been able to return to the Hospice.

The Senior Nurse takes an active role in the recruitment of new staff. It was discussed with the Regulation Officer that both the Registered Manager and the Senior Nurse were invested in recruiting staff who have a passion for palliative care and tried to ensure ‘the right person for the job’.

The Regulation Officer met with a member of staff from the Education Centre and it was positive to note the training opportunities and awards that are available to staff. The Senior Nurse and grade five nurses undertake all staff appraisals and supervision. The Education Team undertakes quarterly staff safeguarding supervision.

One care receiver described that they felt well cared for and they expressed confidence in the abilities of the staff team to look after them in the Hospice and in conjunction with other healthcare professionals involved in their care.

Staff, who were spoken with, were clear about their roles and responsibilities and spoke of their 'passion' for their job and how they felt well supported within the organisation. They also described how they very much worked as a team. Staff described the core training that they receive but also discussed the specialist palliative care training that is available to them both internally within the service and from external organisations. Examples of this are; care certificate training, bronze, silver and gold awards in Palliative Care within the service and the European Certificate of Palliative Care.

The care home environment was observed to be clean and welcoming. One care receiver described it as 'homely'. The Senior Nurse discussed how new equipment such as lasers (sensory technologies used for fall prevention) for every room and ultra-low beds had enhanced the care and safety within the home in relation to a recent falls initiative.

There was evidence of a good level of governance and oversight of care provision to ensure that consistent levels of care are provided. A discussion with the Senior Nurse and Registered Manager evidenced a strong commitment to continuous service improvements and a culture of transparency.

## INSPECTION PROCESS

The first inspection visit was unannounced and conducted on 22 June 2021. The second visit took place on 25 August 2021, was announced and provided an opportunity to examine training records and meet with the 'People Team' (Human Resources).

The inspection visits were undertaken in accordance with the home's infection control policy and the current government guidance in relation to Covid-19 and care homes.

Prior to the inspection, reference was made to the previous inspection report and areas for improvement. All information including correspondence and communications between the Registered Provider, Manager and the Commission was reviewed as part of the pre inspection planning.

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

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

This inspection focussed on the following lines of enquiry:

- **Staff recruitment, training and development**
- **Approaches to care and welfare of care receivers**
- **Staff competence relating to categories of care provided**
- **Care home environment**
- **Management of services**

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff. The Regulation Officer spoke with three care receivers, two relatives and seven staff members in addition to the Senior Nurse and Registered Manager. This contact was made by face-to-face interviews during the inspection visits. Further to the inspection visits, the Regulation Officer made contact with one relative by phone on 31 August 2021. The views of one health professional were also obtained as part of the inspection process.

During the inspection, records including policies, care records, staff personnel files, staff rotas, complaints and training records were examined.

The Regulation Officer undertook a physical inspection of the premises including the kitchen and laundry, communal areas and some of the care receivers' bedrooms.

At the conclusion of the first inspection, the Regulation Officer provided feedback to the Senior Nurse and Registered Manager and on the second visit to the Deputy Director of Palliative Care in the absence of the Registered Manager.

This report sets out our findings and includes areas of good practice identified during the inspection.

## **INSPECTION FINDINGS**

At the last inspection, one area for improvement was identified and the registered provider submitted an improvement plan to the Commission.

The improvement plan was discussed during this inspection and it was positive to note that the area for improvement had been made. In practice, this means that a copy of an enhanced criminal records check (DBS) certificate for all staff recruited since the previous inspection had been retained for examination at this inspection. This area for improvement is discussed further under the heading of 'staff competence relating to categories of care provided'.

## Staff recruitment, training and development

Reference was made to Standard 3 of the Care Home Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The IPU staff team consists of the Senior Nurse, registered nurses, health care assistants, a receptionist / administration assistant, maintenance, domestic / laundry and catering staff. In addition, the medical team, a pharmacist and social worker support the nursing team. The Senior Nurse was also pleased to report the recent appointment of a part-time complementary therapist.

The recruitment process was reviewed from a discussion with the Senior Nurse, Registered Manager and the People Team and an examination of five staff personnel files.

The Senior Nurse discussed that, prior to interview, all potential new employees are sent out a pack of 'core values' relating to working in the Hospice, to enable candidates to review these prior to interview. The Senior Nurse explained that in-depth questions based on the values might be asked at interview. The management team discussed that these processes help ensure that the right person is recruited for the job. The importance of developing staff already employed in the Hospice was also discussed, in order to grow a team of experienced specialist palliative care nurses, as were the training / pathways that exist to enable this process.

During the inspection visits, there were enough care staff on duty with the appropriate skills, qualifications and experience to meet the needs of all care receivers. One relative observed that there were less staff on duty at the weekends but was quick to stress that this was merely an observation not a criticism. The Senior Nurse reflected that there was the same number of staff on rota at the weekend as during the week but did advise that there are less ancillary staff / volunteers on duty. A sample of staffing rosters were examined which showed that the staffing levels meet the minimum Standards. A visiting health professional felt that staffing levels were consistently satisfactory.

Staff well-being was also discussed and the team at the Hospice have recently adopted a 'cultural pathway' care model/ concept, called 'CARE'. This model is based on the work of a leading authority in supporting people to achieve their potential. The aim is to implement the pathway across all teams at the Hospice and to the senior leadership team by the end of 2021. The model encourages staff to lead by example, work collaboratively, to communicate clearly and strive to provide the best care for patients.

At the beginning of each year, annual appraisals are completed for all staff. These are followed by mid-way appraisals. At the time of the inspection, the Senior Nurse was in the process of conducting mid-way appraisals for all staff. The Senior Nurse is assisted in this process by the Grade 5 trained staff. The Senior Nurse's appraisal with the Registered Manager was scheduled for the day of the first inspection visit.

Staff were able to describe their clinical supervision that happens every 6-8 weeks and yearly appraisals that are arranged by management.

Evidence of the extensive training opportunities at the Hospice was described in detail by all staff consulted during the inspection and during a discussion with one of the lead nurses from the Education Team. It was positive to note that a clinical staff development pathway was being developed and was due to be piloted in late September / early October 2021, where trained staff can work towards bronze, silver and gold awards 'in-house'. The gold award will be the equivalent of an advanced nurse practitioner. These awards provide evidence that a certain standard / competency has been reached in delivering specialist palliative care.

All health care assistants (HCA's) will complete the Care Certificate training regardless of previous National Vocational Training (NVQ). There is a three-day course and a 12-week portfolio, which staff have to complete. The portfolio contains evidence-based and reflective practice to enhance learning. One staff member spoke very positively concerning their experience of this training and of the excellent support / mentorship that they had received throughout. Following this, the HCA can then progress to the Regulated Qualifications Framework (RQF) Level 3 certificate in End of Life Care.

The team were also very proud to mention that the European Certificate of Palliative Care (Course) was held recently in Jersey for the first time.

### **Approaches to care and welfare of care receivers**

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| Reference was made to Standard 5 of the Care Home Standards which states: "You will be supported to make your own decisions and you will receive care and support which respects your lifestyle, wishes and preferences." |
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The Regulation Officer identified evidence of the specialist care provided to care receivers within the home from interviews with care receivers, relatives and staff, direct observation of staff and a review of the care plans.

From a review of a random sample of four care records, it was evident that there is an initial holistic assessment of needs with involvement of the care receiver and their relatives where appropriate. These records consisted of both core and bespoke care plans. It was positive to note that the core plans allowed for personalisation and there was evidence of this in the plans reviewed by the Regulation Officer. An example of a bespoke plan was a 'sleep hygiene' record that provided guidance for what to do if that care receiver was awake during the night / unable to sleep.

In addition to the above care records, the Regulation Officer was shown the 'personalised care record for the expected last days of life' (Part 1 & 2), this is a multi-organisational document that is shared with the care receiver, their family and carers. It includes sections on spiritual care and support of family and carers, as well as a symptom control and care chart. It was positive to note that the care receivers' needs and wishes are at the heart of this document in addition to the best clinical care. The Senior Nurse also described a 'Here for you pack' which has been

designed for relatives to support them immediately following the death of a loved one and offer guidance on what happens next.

The Regulation Officer spoke with several care receivers who spoke positively of the specialist care they received and were complimentary of the staff team. The following are examples of what was directly reported:

*'Can't praise the staff highly enough', 'every member of staff through from domestic staff to the nurses and medical team'*

*'The kindness and expertise of nursing staff mean that I have total trust in the care of xxxxx' (this relative discussed how much staff cared for them as well as their loved one)*

*'I am kept informed but if staff phone, they always start by saying 'it's nothing to worry about'*

*'Lovely, can't fault it'*

*'I feel listened to and involved in my care'*

*'Fantastic facility, lucky to have it because of the location, the care and the food'*

*'I appreciate the open and honest communication with staff'*

One care receiver commented about the 'kind staff and excellent support they had received'. They also referred to the benefit of the multi-agency care, they had received because of the good working relationship between the Hospice and other healthcare professionals. This care receiver also spoke of an 'activity box' that staff had put together for a family member to use during visiting and of how invaluable it had been.

The majority of relatives felt that there was some flexibility with visiting during the Covid-19 restrictions, although one relative informed the Regulation Officer of one occasion where they felt that it was too strict.

During the second visit, relatives were observed visiting in the bedrooms with the patio doors open to the garden as it was a beautiful day. Some care receivers and relatives were enjoying afternoon tea in the bedrooms. The Regulation Officer observed the staff providing care whilst ensuring the privacy and dignity of care receivers.



## Staff competence relating to categories of care provided

Reference was made to Standard 6 of the Care Home Standards which states:  
“Your care will be provided with consistency by competent care and support workers who have the necessary training and qualifications to meet your needs.”

A sample of five staff personnel files were reviewed by the Regulation Officer with assistance from a member of staff from the People Team. It was encouraging to note that all appropriate pre-employment checks were in place prior to staff commencing employment with JHC, such as references and appropriate identification checks. A copy of the original DBS certificate is now held in a separate file electronically under ‘new starter’. This means that the area for improvement noted at the last inspection in 2020 has been met. There is also a separate DBS file for current staff. The People Team also keep a spreadsheet for DBS checks and once the certificate has been viewed, a green update appears in the spreadsheet, thus providing extra assurance and checks.

It was confirmed that the relevant skill mix of staff were working in the home from review of four weeks of the duty rota and from a discussion with the Senior Nurse. The Senior Nurse confirmed that there would usually be three staff nurses and one co-ordinator (person in charge), on the early shift and two staff nurses on the late and nightshift. There would be three to four healthcare assistants (HCAs) on the early and two HCAs on the late and night shift. The Senior Nurse, when on duty, would usually have supervisory oversight Monday to Friday and is not included in the numbers of the three registered nurses.

The Education Department provided the Regulation Officer with evidence of the many training opportunities available through hospice and of the ASSURE reporting system where training for each staff member is monitored. The Senior Nurse receives a departmental updated training record each month.

All staff at JHC both clinical and non-clinical receive a JHC Core Training Passport, this passport correlates with the mandatory training outlined in the Standards and encourages individual ownership of training needs.

Without exception, all staff spoken with during the inspection commented positively on both the opportunity for further training at the Hospice and the support offered to them. One member of staff commented that she had felt extremely well supported whilst completing the care certificate and how useful she had found the reflective practice.

The Registered Manager provided the Regulation Officer with two packs that are entitled ‘Working Towards Clinical Nurse Specialist’ that are being developed. One is intended for use with a nurse who is new to palliative care, and one is intended for a more experienced palliative care nurse. These documents are further evidence of the commitment to staff development and training within JHC.

## Care home environment

Reference was made to Standard 7 of the Care Home Standards which states:  
“The environment will enhance your quality of life and the accommodation will be a pleasant place to live or stay.”

The care home environment was found to be in good order throughout. The Regulation Officer spent time in the kitchen, laundry area, care receivers' bedrooms, communal areas and maintenance / facilities department.

During the inspection visits, the Regulation Officer observed that the home was following the Government of Jersey advice for visitors to care homes as part of visiting protocols. The environment was found to be visibly clean and hygienic in appearance and staff were always observed wearing masks and adopting good hand hygiene practices.

On the second visit, a few of the care receivers were enjoying the view and the pleasant weather by having the doors of their room open to the patio / garden area. The valuable therapeutic benefit of gardens / outside space is well documented in palliative care. Care receivers were noted to have easy access to their call bells and appeared comfortable on entry to the rooms.

The kitchen area was viewed and found to be clean, well maintained and organised. The kitchen staff comprises three chefs and is open from 7am to 7pm. The Acting Head Chef commented that the menu incorporates mainly fresh produce. There were clear records of daily food and delivery temperature checks and a weekly cleaning schedule. The Acting Head Chef also provided evidence of regular checks and servicing of equipment by a local company.

It was positive to note that the Acting Head Chef was keen on developing a children's menu and a more 'modern menu'. The Regulation Officer was given a draft sample menu in booklet form that the Acting Head Chef is keen to trial. It allows care receivers to select menu choices for the day but includes a choice of portion sizes and a section entitled, 'A Bit About You' that asks care receivers to list their favourite snacks and meals. The booklet also has space for care receivers to record any other information including any allergies. That day's cake choices are included in the front of the booklet. An example of this might be 'warm apple pie with Jersey cream'. To assist the chefs, there is also a mealtime co-ordinator. All of the care receivers who were spoken with during the inspection commented on the quality of the food and one commented how you just had to ask if there was anything in particular that you fancied.

A visit to the laundry provided the Regulation Officer with the opportunity to meet with two of the three housekeeping staff. The laundry was clean and well organised with good ventilation and light. The Regulation Officer was talked through the cleaning schedules for the home including the communal areas and room cleaning. Once a bedroom has been cleaned both housekeeping and the nurse-in-charge must sign it off. The housekeeping staff were not only able to describe the weekly cleaning checks but also the rationale behind them.

The Regulation Officer also spent time with the Operational Manager in the maintenance / facilities office. There is a CCTV viewing platform here for the external CCTV cameras and the Operational Manager provided evidence of the maintenance schedule for the home. This included maintenance of the lifts, equipment within the home and fire alarms. Information relating to water temperature checks was viewed as evidence. This was found to be clearly documented, well organised and up to date.

Receptionist staff and volunteers operate the main reception. The Regulation Officer undertook a screening process for Covid-19 on arrival, in line with current Government guidance for care home visiting. An administration assistant who provides a friendly first point of contact for visitors to the IPU operates the IPU reception.

### **Management of services**

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| Reference was made to Standard 11 of the Care Home Standards which states:<br>"The care service will be well managed." |
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Two Grade 5 Registered Nurses that make up the IPU leadership team support the IPU Senior Nurse. This team ensures that organisational policies and procedures are implemented and adhered to. The IPU Senior Nurse reports to the Registered Manager and the Director of Palliative Care.

There are several systems in place to monitor the quality and effectiveness of the service. Standards of care are assessed against the Jersey Nursing Accreditation Assessment System (JNAAS) Framework (Government of Jersey) and the Commission's Standards. The JNAAS inspection involves a review of fourteen standards that are on displaying in the office of the Senior Nurse.

The Senior Nurse carries out a checklist twice weekly to review the safety, effectiveness and management of the IPU. The Senior Nurse with oversight from the Registered Manager produces monthly reports. JHC also participates in the Hospice UK benchmarking in relation to incidents, falls and pressure ulcers on IPU.

The Regulation Officer reviewed a sample of three monthly reports. Each report was found to include a comprehensive review of staffing, training and development, an in-depth analysis of any incidents / accidents, feedback from staff / care receivers and a review of previous actions. There was evidence of continuous service improvements initiated in response to findings.

There are monthly ward meetings, a daily safety huddle on the IPU and a senior team meeting once monthly. The Regulation Officer reviewed evidence of the monthly meeting and it was encouraging to note that in March 2021 that staff well-being was on the agenda in addition to education and learning, documentation, complaints / concerns and audit.

It was positive to notice a 'you say, we did' board on the IPU that asks for feedback from care receivers. Feedback from care receivers is also encouraged in general

feedback leaflets that are given to residents / families at varying times throughout their stay. The Senior Nurse described changes that had been made because of 'you said, we did'. These changes were sometimes small but had a positive impact. For example, one care receiver had identified that the water jugs were too heavy to lift and so these had been replaced. Another example was of portion sizes being too large; there are now two different size portions. Feedback from 'You said, we did' is included in the monthly reports along with any outcomes / actions.

The complaints procedure, policy and form can be accessed online via the JHC website. There had been two complaints concerning the IPU since the last inspection in 2020 but both had been resolved internally with good outcomes without the need for further escalation. Alongside complaints, the service also receives numerous compliments in the form of letters, 'thank you' cards and patient feedback / surveys. Examples of these are,

*'Truly excellent service – very good care and compassionate staff'*

*'Great support from a truly professional team'*

There was evidence of internal audit to safeguard care for care receivers. An infection control audit undertaken in April 2021 by the Community Infection Control Nurse Specialist produced an overall score of 99%, with findings that included 'an excellent standard of cleaning with robust cleaning schedules in place'. The findings from this inspection regarding the environment correlate with this audit.

## **IMPROVEMENT PLAN**

There were no areas for improvement identified during this inspection and an Improvement Plan has not been issued.

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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