



Jersey Care  
Commission

## **INSPECTION REPORT**

**Children and Young People (CYP)  
Hospice at Home Service**

**Home Care Service**

**Mont Cochon  
St Helier  
JE2 3JB**

**8 December and 15 December 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 Children and Young People home care service and is one of four registered services provided by Jersey Hospice Care (JHC). 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 developing service that aims to support the child 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 (FNHC). The service provides complex nursing care and respite care in the care receiver's own home and more recently at the Hospice using rooms previously in use as part of the King Centre (Hospice day centre). There is also provision of emotional and bereavement support. The service became registered with the Jersey Care Commission on 21 August 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: nursing care Category of care: Specialist Palliative Care

	<p>Maximum number of nursing hours to be provided per week: 112</p> <p>Age range of care receivers: 0 -18 years old</p> <p><u>Discretionary</u></p> <p>Charmaine Dwyer, Registered Manager, is required to complete the Level 5 Diploma in Leadership in Health and Social Care by 28 September 2024, or to have demonstrated an equivalent qualification by that time.</p>
Dates of Inspection	8 December and 15 December 2021
Times of Inspection	09:30 – 16:15 and 08:30 – 09:30 & 11:00 – 12:00
Type of Inspection	Announced
Number of areas for improvement	None
Number of care receivers using the service on the day of the inspection	14

Jersey Hospice Care operates the Home Care Service, and the Registered Manager is Charmaine Dwyer.

At the time of the inspection, there were eight children and young people receiving nursing / respite care from the service and six accessing emotional support. 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 discretionary condition on the service's registration was discussed and the Registered Manager confirmed that they had already commenced the Level 5 Diploma and expected to have it completed well within the specified timeframe.

Since the last inspection on 24 November and 8 December 2020, the Commission received a notification of absence of the Registered Manager in May 2021. The

notification included details of the Registered Provider's arrangements to ensure that the service had a suitable interim management plan in place.

Following this, in September 2021 an application was received from Charmaine Dwyer to register as manager of the Children and Young People home care service. The Commission approved this proposal, and the register was updated on 28 September 2021.

The Commission received an updated copy of the service's Statement of Purpose in September 2021 to reflect this change in management.

## **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 Registered Manager explained that there was currently one part-time registered nurse vacancy that would be advertised in due course. The Registered Manager confirmed to the Regulation Officer that they are actively involved in the interview process and sign off on staff pre-employment checks.

The Registered Manager also confirmed the provision of induction training / probation period and the supervision / appraisal process.

Staff described the core training that they receive but also discussed the specialist training that is available to them both internally within the service and from external organisations. It was apparent from discussion with the Registered Manager that the CYP team felt well supported from the senior management team and the wider organisation.

Discussion with the relatives and an examination of a random sample of three care plans evidenced the complex and specialised care provided, with the child and family at the centre of the plan.

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 Registered Manager and Deputy Director of Palliative Care evidenced a strong commitment to continuous service improvements and a culture of transparency.

## INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the Registered Manager a week prior to the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the service's infection prevention and control arrangements. The inspection visits took place at the offices of the JHC and was carried out on the 8 and 15 December 2021, with telephone conversations to care receivers within the period of 22/12/21 – 25/01/22.

The inspection process consisted of two separate visits, as the two home care services registered with JHC were each having an inspection simultaneously. The first visit allowed the Regulation Officer to meet with the Registered Manager and the CYP staff member to discuss a range of matters. A second inspection date consisted of a visit to conclude the inspection of the other home care service carried on by JHC and a virtual team meeting conducted with People Team from the offices of the Commission.

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

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**
- **Management of services**
- **The service will be reviewed regularly**

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

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

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 two members of staff from the CYP team, including the Registered Manager. In addition, the Regulation Officer spent time with People Team (Human Resources), and the Deputy Director of Palliative Care.

As there were no care receivers / relatives present during the inspection, the Registered Manager randomly selected a sample of care receivers / relatives who were contacted by the Registered Manager to offer the opportunity to participate in the inspection. Subsequent to this, the Regulation Officer established contact by phone with two relatives.

During the inspection, records including policies, care records, staff personnel files, clinical dashboard, risk register, incidents and complaints were examined.

At the conclusion of the first inspection visit, the Regulation Officer provided feedback to the Registered Manager and at the second visit, to the Deputy Director of Palliative Care.

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 will be retained in a separate folder for 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 Home Care Standards which states: "You will be cared for and helped by the right people with the right values, attitudes, understanding and training."

The CYP team consists of the Registered Manager, two part-time registered nurse posts (one vacant at the time of inspection), and one part-time counsellor.

As mentioned earlier under the heading 'inspection findings', the Registered Manager takes an active role in the recruitment of new staff. It was also positive to note that the Registered Manager liaises with the People Team in order to make decisions concerning safer recruitment.

The recruitment process was reviewed from a discussion with the Registered Manager and the People Team and an examination of a small sample of staff personnel files. The Registered Manager confirmed the probation period as being five months and the provision of an induction pack for all new staff.

At the beginning of each year, annual appraisals are completed for all staff. These are followed by mid-way appraisals. The Registered Manager, who is relatively new in post, discussed good support from the Deputy Director of Palliative Care and the wider management team at the Hospice.

There was evidence of regular staff supervision from discussion with staff members and the central record of clinical supervision 2021.

Evidence of the extensive training opportunities at JHC were described in detail by one of the lead nurses from the Education Team at an inspection of another service carried on by JHC in June / August 2021. It was positive to note that a clinical staff development pathway was being developed and was due to be have been 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.

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

Reference was made to Standard 5 of the Home Care 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 from a review of the care plans and interviews with relatives and staff. The service currently operates between 8am and 5pm, Monday to Friday, but the Registered Manager discussed the need to extend the hours in relation to after school provision and in the evening.

At the time of the last inspection in November / December 2020, the service was providing respite in the care receiver's own home. Since then, respite provision at the Hospice has been identified as being more beneficial to some care receivers and their families. This was because of feedback from care receivers and their families, as well as being identified by staff. As a result, the CYP service has been using some of the rooms previously in use for the adult day hospice; this service is currently suspended and has remained suspended since the beginning of the pandemic. This means that at the time of the inspection the day hospice was not in use for adult users.



The Regulation Officer examined these rooms as part of the inspection, there is a sensory / treatment room, a playroom / counselling room, another quiet room and a bathroom with a paediatric hoist and Arjo bath (assisted bathing aid). The Regulation Officer was satisfied that the rooms were fit for purpose, and contained the necessary equipment for the safety of care receivers as well as ensuring privacy and dignity. Examples of the safety equipment included a suction unit (a medical device used for removing obstructions) and an anaphylaxis box (this is an emergency kit for use in a severe allergic reaction). The Registered Manager confirmed that two staff members would work together in this setting to provide respite care due to the complexity of some of the care receivers' needs and to ensure safe working practice.

It was discussed that the use of these rooms may require a change to the registration of the CYP service or the Adult Day Care service and / or a change to the Statement of Purpose. The Regulation Officer agreed to seek further advice and follow this matter up immediately after the inspection.

A further consideration to support the new respite provision at the Hospice relates to transport for the care receivers. Specifically, there is a need for provision to support care receivers to come to the Hospice from school. Currently, there is no such provision and consequently, families often need to transport care receivers between the Hospice and elsewhere. This can be particularly problematic for families that have other children and can result in parents/carers needing to spend a lot of time driving between various locations, often at busy times of day. The families, who were spoken with during the inspection, confirmed that the provision of transport would make a big difference to their ability to manage their caring role, as would the provision of evening sessions.

The care plans are stored in both hard copy and electronic format. The Registered Manager discussed plans to move over entirely to electronic records in the future. The care plans are child and family centred. At the heart of this is the 'All About Me' document, which contains questions such as, what makes you happy / smile? What are your favourite play / activities? What makes you sad / upset? How do you communicate? This is seen as an area of good practice that pertains to Standard

2.1 – ‘people who receive care will be involved in an initial assessment which will identify their preferences needs and wishes’. There are also sections in the care plan pertaining to my daily routine and family life, as well as physical, psychological and spiritual needs. The Regulation Officer reviewed a random sample of three care plans, which also contained evidence of detailed plans in relation to specific care needs such as moving and handling.

The Regulation Officer consulted with relatives who spoke positively of the specialist care their child and family received and were complimentary of the staff team. The following are examples of what was directly reported:

*‘xxxx absolutely loves going there for respite’*

*‘I know that xxxx is in good hands there’ ‘I don’t need to worry’*

*‘xxxx may speak to staff regarding any concerns which xxxx might not express to us’*

*‘the staff are great and it is a nice facility’*

The Registered Manager discussed that there is also a formal respite agreement form, which is made with the parents and care receiver where possible. Days of respite are agreed and any special requirements around holidays are documented. Each care plan also contains a respite at home checklist with any specific requirements for each care receiver.

### **Staff competence relating to categories of care provided**

Reference was made to Standard 6 of the Home Care 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.”
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One relative confirmed to the Regulation Officer that they received a call before any visit and that they were kept informed of any changes. The Registered Manager discussed that each child has a designated named nurse. The Registered Manager triages any referrals and makes initial contact by phone to arrange a home visit. The

completion of the documentation might happen over two visits. Any referrals are then discussed with the team and allocated to a named nurse or counsellor. In addition or separately to the provision of respite / nursing care, children may also be referred for emotional support. A trained counsellor provides this; referrals may be regarding support for the care receiver and/or other family members, such as siblings, or even friends of the care receiver.

The Regulation Officer reviewed a sample of staff personnel files 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 discussed and agreed with People Team that a separate section within the 'new starter' file is created for each service carried on by JHC for ease of review at the next inspection in 2022.

At an earlier inspection in June / August 2021, the Education Department provided the Regulation Officer with evidence of the many training opportunities available through the Hospice and of the ASSURE reporting system where training for each staff member is monitored.

Both clinical and non-clinical staff receive a JHC Core Training Passport. This passport correlates with the mandatory training outlined in the Standards and encourages individual ownership of training needs.

The Registered Manager also described service specific training, an example of this was working closely with a Diabetes Nurse Specialist from the hospital and the manufacturer of an insulin pump to achieve competency in the use of the pump. The Registered Manager also confirmed that all qualified staff are trained in Paediatric

Life Support and have access to paediatric palliative care modules online. Staff are encouraged to feedback '5 key messages' to other team members following any training / education session.

The Registered Manager also described a good partnership and joined up working with Family Nursing and Homecare (FNHC). The Registered Manager also described how networking with children's hospices in the UK allowed for the sharing of information and peer support.

The Regulation Officer reviewed the Safeguarding Policy and Procedures (Children and Adults at Risk 2020), as evidence. Staff receive regular restorative safeguarding supervision and are clear about the system of reporting and escalation of any concerns. The CYP team has a designated safeguarding lead who works in conjunction with the adult safeguarding lead. The Registered Manager discussed a couple of low-level concerns identified by the team but nothing that had required formal escalation or notification to the Commission.

### **Management of services**

Reference was made to Standard 8 of the Home Care Standards which states: "The home care service will be well managed."
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The service is managed and provided from premises in St Helier that are suitable for operating a home care service. There are offices, meeting rooms and sufficient resources at the premises.

The Regulation Officer observed the use of infection control methods in keeping with JHC infection control procedures and current government guidance relating to Covid-19, both on arrival at the building and throughout the visit. The staff also described to the Regulation Officer, the measures that were in place to protect care receivers and staff in the home environment; including the use of appropriate personal protective equipment (PPE).

There is a clear management and governance structure in place within JHC and for the CYP home care service. The staff were clear about the lines of accountability within both the home care service and the wider organisation.

Further evidence reviewed by the Regulation Officer was the CYP Work Plan 2020 – 2021 and the annual audit cycle. Audits completed included an audit of the ‘All About Me’ documentation (June 2021), and of the anaphylaxis box (September 2021). Also, the clinical dashboard for November 2021 was reviewed. It was positive to note that the impact of the lack of transport to JHC for respite sessions was recorded as one of the top three concerns for that month. The Regulation Officer discussed notifications with the Registered Manager, as there had been a minimal number of notifications to the Commission since the previous inspection; the Regulation Officer was satisfied that the Registered Manager is confident regarding notifiable events and of the notification process.

The complaints procedure and form can be accessed online via the JHC website and in leaflet format. The Registered Manager reported no recent complaints.

### **The service will be reviewed regularly**

Reference was made to Standard 9 of the Home Care Standards which states: “The care service will be checked and reviewed regularly to sort out any issues and make things better for you and others.”
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There was evidence of clear lines of accountability within the service and organisation and effective clinical governance to monitor the quality and safety of care provision.

The Registered Manager, with oversight from the Deputy Director of Palliative Care, produces monthly reports.

The Regulation Officer reviewed a sample of three monthly reports. Each report was found to include sections entitled conclusions and actions and a review of previous actions. There was evidence of continuous service improvements initiated in response to findings.

There is a weekly team meeting on a Monday and a huddle once a week for discussion of for example staffing, referrals and any concerns.

Care receivers / relatives are offered the opportunity to provide feedback in verbal, written or online form. A family feedback template evidenced lots of positive feedback regarding the support from nursing staff and CYP counsellor.

## **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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