



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Specialist Palliative Care Team  
Hospice Home Care**

**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 Specialist Palliative Care home care service. The service is known as the Specialist Palliative Care Team (SPCT) and is one of four registered services provided by Jersey Hospice Care (JHC). The SPCT office is situated on the first floor of the main building of Jersey Hospice Care in the parish of St Helier. The service is Island wide and provided within care receivers' own homes, care homes and the hospital. The service became registered with the Commission on 20 August 2019.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u>  Type of care: nursing care  Category of care: Specialist Palliative Care  Maximum number of nursing hours to be provided per week: 225  Age range of care receivers: 18 years and over.

	<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>
Dates of Inspection	8 December & 15 December 2021
Times of Inspection	09:30 -16:15 & 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	79

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

The SPCT is an advisory and supportive service providing specialist palliative care services for adults. The SPCT provides advice and support on, for example, symptom management, advanced communication, treatment escalation and Advanced Directive / End of Life care. The SPCT are currently operational Monday – Saturday with an on-call service on a Sunday, which can be accessed by contacting the In Patient Unit (IPU).

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 Specialist Palliative Care home care service in January 2021. The Commission approved this proposal, and the register was updated on 24 February 2021.

There is a discretionary condition applied in that 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.

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 Senior Nurse reported that the team continue to experience staffing recruitment challenges as is reflected elsewhere within the care sector in Jersey. It is positive to note that because of recruitment difficulties in Jersey, management are looking at development roles within the service that involve secondment to the SPCT and the In Patients Unit with possible long-term career progression.

The management team allocate staff to a named supervisor in order to ensure regular supervision. The Senior Nurse confirmed that they would be notified if this supervision was not happening on a regular basis.

A random sample of four care plans was reviewed during the inspection. These reflected the complex and specialised palliative care that was being delivered and also evidenced person centred care with agreed goals and consent to treatment. One care receiver confirmed to the Regulation Officer, that consent to care had been discussed, agreed and of their involvement in care planning.

Staff who were spoken with, were clear about their roles and responsibilities. They spoke of their 'passion' for their job and how they felt well supported within the organisation. They also described a positive team working culture. Staff described

the core training that they receive and also discussed the specialist training that is available to them both internally within the service and from external organisations.

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 demonstrated 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 Managers 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 COVID19 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 – 12/01/22.

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 SPCT to discuss a range of matters. A second inspection date consisted of a visit to review the care plans 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**

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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/>

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

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

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

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."
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The SPCT consists of the Senior Nurse, three community clinical nurse specialists (CNS), one clinical nurse specialist based at the hospital, one full-time associate clinical nurse specialist and one part-time associate clinical nurse specialist. In addition, the medical team, a pharmacist and social worker support the nursing team.

The recruitment process was reviewed from a discussion with the Senior Nurse and the People Team and an examination of a small sample of staff personnel files.

The Deputy Director of Palliative care discussed with the Regulation Officer, the recent introduction of 'core values' at JHC. 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. At the inspection of another service carried on by JHC, the Registered Manager discussed with the Regulation Officer that these packs help to ensure that the right person is recruited for the job. This is seen as an area of good practice in line with Standard 3.5 of the Home Care Standards – 'a value based approach should be used to help identify candidates who are the 'best fit' for the role'.

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.

The Senior Nurse discussed that the associate CNS role is a development and secondment role. This opportunity is available to staff nurses with the relevant experience from elsewhere within JHC. For staff nurses coming from outside of the organisation the secondment would be rotational to both the IPU and the SPCT at hospice, each for a period of six months. Along with the clinical experience gained, there is also further potential for leadership and professional training.

There was evidence of regular staff supervision from discussion with staff members and the central record of clinical supervision 2021. One staff member's recorded number of supervision sessions did not quite meet the Standards and this was brought to the attention of the Senior Nurse during the inspection. There was also evidence of group supervision sessions in the central record.

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 confirmed that staff development and core training are part of the appraisal process.

Evidence of the extensive training opportunities at JHC were described in detail by all staff consulted during the inspection and during a discussion with one of the lead nurses from the Education Team at an inspection of another service carried on by JHC in June / August 2021.

### **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 palliative care provided to care receivers from a review of the care plans and interviews with care receivers and



staff. The SPCT Care Plan Policy (May 2021) was reviewed which referred to Standard 2 of the Commission's Home Care Standards, 'You will be cared for and helped in a way which has been planned with you'.

The care plans are stored in electronic format, which are shared with other agencies involved in the care receiver's care. There are master copies of approximately eleven palliative care emergency plans, for example for hypercalcaemia (the calcium level in the blood is above normal), and malignant spinal cord compression. These are used in conjunction with bespoke 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. Where possible goals are agreed with the care receiver and their agreement for consent to care is recorded.

The Senior Nurse discussed how the Integrated Palliative Care Outcome Scale (IPOS) is also used by the SPCT to guide the care plan. This scoring system is completed by the care receiver and is a brief tool for measuring palliative care symptoms and concerns over the last three days.

The Regulation Officer spoke with 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:

*'Absolutely fantastic', 'really easy to get on with'*

*'I was kept up to date with everything', 'deliver news well, even if bad news'*

*'They give you dignity and nothing is too much trouble'*

*'Make you laugh, even when you feel you can't'*

A common theme from the feedback was that care receivers felt listened to and involved in their care.

The SPCT also discussed their involvement in the initial bereavement care and support of families; the team are further supported by the Hospice Community Bereavement Service.

The Senior Nurse discussed with the Regulation Officer that they have previous experience of making Significant Restriction of Liberty (SROL) applications in a care home setting but there are none currently within the SPCT homecare service.

### **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."

An administrator who helps to co-ordinate visits supports the SPCT and these are recorded in an electronic diary. Care receivers confirmed that generally they were aware of who would visit and when. The CNS based at the hospital liaises with the team directly concerning any discharges back into the community.

The staff spoken with during inspection spoke of the benefit of joint visits with the medical team, meaning that for example care receivers' symptoms can be assessed and treatment initiated immediately without the need for a further visit or separate medical appointment. The staff also discussed the multidisciplinary team working with other services such as Family Nursing and Homecare (FNHC), General Practitioners (GPs) and other nurse specialists based at the hospital such as the cardiology and respiratory nurses.

A review of medication management was undertaken after the inspection visits as part of the inspection process. The Regulation Officer reviewed the Medicines Policy (2017) which is currently under review by the Hospice Pharmacist; this provides clear guidance on the prescribing of medicines and medicine procedures in the care receiver's home. Additionally, the Palliative Care (Adult): Symptom Management Guidelines (November 2021) were inspected and found to contain clear guidance on medication dose calculations, breakthrough doses and titrating medication.

The Senior Nurse explained the use of 'Just In Case' (JIC) boxes that are stored in the care receiver's own home and contain anticipatory medicines that may be required to manage symptoms such as pain and breathlessness in end of life care. These medications would usually be prescribed by the care receiver's GP or on occasion by one of the Hospice Doctors on a community visit. A risk assessment form is completed prior to the JIC box being put in place and a prescription chart is stored with the box. The stock balance is checked each time either FNHC or SPCT go into the care receiver's home and each box has a unique combination lock. The JIC box allows for the prompt management of a range of symptoms and for the care receiver to continue to be supported in their own home. The medications can be administered by injection, transdermal patch or via a syringe driver (small battery-powered pump).

A sample of staff personnel files was reviewed by the Regulation Officer with assistance from a member of staff from the People Team. It was evidenced 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 will be created for each service carried on by JHC for ease of review at the next inspection.

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. The Senior Nurse receives a departmental updated training record each month. This training record was reviewed at inspection.

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.

Without exception, all staff spoken with during the inspection commented positively on both the opportunity for further training at the Hospice and from external agencies. Examples of these opportunities were a recent Advanced Skills Day that was run at the Hospice and the opportunity to study at a higher level externally with, for example, modules in pain management and clinical examination.

### **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 SPCT home care service. The management structure reflects the size of the home care service and the complexity of care provided. The staff were clear about the lines of accountability within both the home care service and the wider organisation.

Further evidence available for review by the Regulation Officer included the Clinical Dashboard for November 2021, the Risk Register and the Clinical Incident Dashboard for November 2021. The Clinical Incident dashboard reports on, for

example, slips, trips and falls and medication incidents, the data for JHC is then benchmarked against Hospice UK. The Regulation Officer also confirmed appropriate notification of any incidents to the Commission from examination of any notifications to the Commission pre-inspection and from discussion with the Senior Nurse.

The complaints procedure and form can be accessed online via the JHC website. The Senior Nurse discussed that there had been no complaints since the last inspection but two concerns that had been dealt with internally with an appropriate outcome.

### **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 Senior Nurse, with oversight from the Registered Manager, produces monthly reports. JHC also participates in the Hospice UK benchmarking in relation to incidents, falls, pressure ulcers, and medication incidents.

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. For example there had been a piece of work around lone working and the lone working policy.

There is a daily SPCT meeting / safety huddle at the Hospice led by the duty CNS to look at areas including staffing, referrals, incidents and concerns. The staff also attend multidisciplinary team meetings and quarterly Gold Standard Framework (GSF) meetings with GPs. 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.

The SPCT staff also have a monthly team meeting. This happened throughout 2021, except for the month of November. The Senior Nurse explained that there is an opportunity at these meetings to receive feedback from the senior leadership team. The minutes from three of these meetings were reviewed as evidence during the inspection. Topics covered included education, complaints, audits, and risk register.

The Senior Nurse also discussed the Audit Cycle for 2021; this is also benchmarked against the UK. It includes every quarter audits on pain, documentation and after death analysis (ADAR). The most recent SPCT documentation audit was reviewed which had clearly identified recommendations and actions for best practice / service improvement.

Care receivers are offered the opportunity to provide feedback in patient satisfaction questionnaires and / or by submitting a complaint / compliment by email, letter or through the JHC online system. They can also be made verbally in person or by phone.

## **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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