



**Jersey Care
Commission**

INSPECTION REPORT

In Patients Unit (IPU) Care Home

Care Home Service

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

27 July, 4 and 9 August 2022

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all services carrying out any regulated activity 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. IPU is one of four registered services provided by Jersey Hospice Care (JHC). The service is situated in the parish of St Helier. 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. At the rear of the building, there is a large car park for visitors and staff. 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	<u>Mandatory</u> Type of care: nursing care Category of care: specialist palliative care Maximum number in receipt of nursing care: 12 Age range of care receivers: 18 and above Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-12 one person.

	<u>Discretionary</u> The Registered Manager Hilary Hopkins must obtain a Level 5 Diploma in Leadership in Health and Social Care by 9 February 2024.
Dates of Inspection	27 July, 4 and 9 August 2022.
Times of Inspection	27 July 2022 - 13:00 - 17:25 4 August 2022 - 10:00 -15:25 9 August 2022 - 15:00 – 16:45
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers accommodated on the day of the inspection	4 care receivers - 27 July 2022 4 care receivers - 4 August 2022 3 care receivers - 9 August 2022

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

At the time of the inspection, the IPU was operating with a maximum bed occupancy of eight beds instead of twelve, this was due to staff sickness and vacancies. The Registered Manager discussed with the Regulation Officer some of the initiatives that the service was implementing to try to improve staff recruitment and retention.

This included a draft recruitment video viewed by the Regulation Officer during the second inspection visit. The service is also providing and developing specialist palliative care training for staff within the service to develop an experienced team of staff. This is highlighted further under the heading of 'training'.

The Regulation Officer received an updated copy of the service's Statement of Purpose during the inspection. This was submitted as part of the inspection process.

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.

There were relevant policies and procedures in place to safeguard care receivers and staff. The policies had clear publication dates, review dates and were relevant to Jersey law and local agencies/services.

A review of three staff personnel files and the Safer Recruitment Policy (2022) confirmed that safe recruitment practices were in evidence.

The Fire Safety Policy and Evacuation Procedures (2021) describes in full the actions staff are expected to take on discovering a fire and/or hearing the alarm. Training and fire drills are also discussed, and the frequency of fire drills was found to be below what is required by the States of Jersey Fire and Rescue Service. This is an area for improvement with immediate effect and is highlighted further under the heading of 'safety'.

Medication administration, competency and storage was based on best practice and was in line with the Standards.

From discussions with staff members and a review of a sample of care plans there was evidence of holistic care provided to care receivers and their families. The nursing handover also clearly evidenced the complex palliative and nursing care needs of the care receivers within the IPU at the time of the inspection. There was evidence of collaborative working both within the service and with other professionals / agencies. It was apparent that the service benefits from a highly skilled and professional staff team.

Staff described the core training that they receive and discussed the specialist palliative care training that is available to them both internally and from external organisations. The Regulation Officer spent time with two members of the Education Team and the Deputy Director of Palliative Care Services during the inspection.

The mandatory and statutory training requirements were discussed with the Acting Head of the Education Department. The training requirements were being met for staff in line with the Standards except for the provision of First Aid training for

healthcare assistants (HCA). It was agreed in discussion, that this requirement will be introduced for all HCAs and is therefore an area for improvement.

There was also evidence of a clear induction process for staff and of regular staff supervision and appraisal.

INSPECTION PROCESS

This inspection was completed on 27 July, 4 and 9 August 2022.

This inspection was announced and notice of the inspection visit was given to the Registered Manager the day before the visit. This was to ensure that the Registered Manager would be available during the visit and to confirm the home's infection prevention and control arrangements (which were undertaken with the Regulation Officer prior to entering the home).

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Safety**
- **Care and support**
- **Training**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report, correspondence and notifications to the Commission.

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

The Regulation Officer sought the views of the people who use the service, and or their representatives, and spoke with managerial and other staff.

There was an opportunity during the inspection visits to speak with three members of nursing staff, the hospice pharmacist, two members of the education team, and staff from the People Team, the Deputy Director of Palliative Services, the Senior Nurse, and the Registered Manager.

The Regulation Officer was able to speak to one care receiver on the first inspection visit. This contact was made face-to-face. On subsequent visits due to the high palliative care needs of the care receivers, it was not possible to speak with any additional care receivers or relatives.

During the inspection, records including policies, care records, staff personnel files and reports were examined. This inspection also included time spent observing staff at the handover and in the staff hub. In addition, a review of medication ordering, storage and audit was undertaken with the hospice pharmacist.

At the conclusion of each inspection visit, the Regulation Officer provided feedback to the Registered Manager. This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, no areas for improvement were identified that required any follow up on this visit.

Safety

The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. Care receivers will have the right to live safely and free from harm.

The Regulation Officer undertook a review of the organisational policies and procedures in place to support the safety of staff and care receivers, focusing upon the content of the safer recruitment policy, safeguarding, fire safety, admission into Hospice IPU and handover policies. These were found to be up to date with evidence of regular review and to be relevant to local (Jersey) law and services.

It was highlighted to the Regulation Officer that there had been a recent annual fire drill and a copy of the report provided as evidence. It was discussed with the Senior Nurse and the Registered Manager whether additional drills were conducted on a regular basis, both confirmed fire drills are carried out every six months. One drill will be a desktop exercise and one being a physical exercise. This does not meet the States of Jersey Fire and Rescue Service's requirements and is therefore an area for improvement with immediate effect.

The Regulation Officer provided a copy of the Fire Precautions Log Book (States of Jersey Fire and Rescue) to the Registered Manager at the third visit, which clearly outlines fire instruction and drills. There is a requirement of every six months for day staff and every three months for night staff.

The Regulation Officer met with a member of staff from the People Team (Human Resources) to review a sample of staff personnel files that are stored electronically. Three files of newly recruited staff (staff recruited since the previous inspection in July and August 2021) were reviewed. There was evidence of all safer recruitment checks being in place before the employee's start date. The service completes an online Disclosure and barring service (DBS) check of all employees that then generates a hard copy certificate, a copy of which is stored electronically. A copy of the newly updated Safer Recruitment Policy (August 2022) was provided to the Regulation Officer during the inspection. The policy outlines the recruitment process and vetting / checking guidance. The guidance includes sections on identity checks, verifying qualifications, DBS checks, and reference checks including providing reference checks to other providers. This is in line with the Standard 3, (3.5, 3.6).

Medication ordering, storage and administration was discussed with the Hospice Pharmacist and the Regulation Officer was shown the treatment rooms where medications are stored safely. There are also locked 'pods' (storage boxes) in the care receiver's own room and one half way down the IPU that are used for medication storage. The Pharmacist explained that the service has a small stock of frequently used medications that are used in conjunction with prescribed medications and medications that the care receiver may bring in with them from home. The Pharmacist also leads on medication audit, medication error / datix, and the medicines safety group. Administration of medication is highlighted further under the heading of 'training'.

The home's environment was found to be clean, welcoming and free from clutter. The Registered Manager discussed that the flooring on the IPU was displaying wear and tear and was due for renew.

There was evidence of good practice in relation to a reduction of new pressure ulcer incidents within the IPU. This was following the introduction of new care interventions and additional training / education. This had resulted in a 35% reduction of new pressure ulcers compared to 2019.

There was also evidence of regular audits to monitor the quality and safety within the home. Examples of audit included the following; hand hygiene, environmental and documentation audits. The Senior Nurse also produces a monthly report using the Commission's template; the report generates a summary of findings and actions that ensure that the quality of the care provided is in line with the Standards.

Jersey Hospice Care also produces a Clinical Governance Report, the report for January to June 2022 was provided to the Regulation Officer as evidence. This report includes findings on clinical effectiveness, patient safety and patient experience.

Care and support

The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.

At the first inspection visit, the Regulation Officer was able to observe a staff handover at 2pm, the staff use a staff handover sheet to help record and communicate information to their colleagues. This is used in conjunction with an electronic bed state that is displayed on a screen in the handover room.

The staff displayed a professional and holistic approach to care. The discussion at handover clearly demonstrated the complex specialist palliative and nursing care needs of the care receivers. The staff communicated confidently within the team and were clear of their roles and responsibilities.

There was evidence of the care provided to family members as well as the care receiver. An example of this was a leaflet entitled 'copying with dying (last days of life)', which is given to relatives of the care receiver. This leaflet outlines what to expect when someone is in his or her expected last days and hours of life. Staff took the opportunity at handover to check whether care receivers' family members had received this leaflet yet.

In addition, a leaflet entitled 'The Calming Hand' was discussed in relation to any care receivers suffering from anxiety; this describes a method used to control panic attacks and breathlessness. The staff members discussed that this is a useful tool that care receivers can utilise themselves to help reduce anxiety.

A review of a random sample of three care plans evidenced examples of personalised and holistic care. Each care plan contains a holistic assessment and a 'This is Me' document. This document was under review at the time of the inspection. Both standardised and bespoke care plans are used, an example of a bespoke plan was for stoma care (an opening on the abdominal wall). The care plans are stored in hard copy format in folders and were clearly organised, with evidence of daily updates, weekly updates or sooner if required.

At the time of the second inspection visit, there had just been a death on the IPU, this is communicated discreetly to staff within the Hospice by placing an image of a candle on the door to the IPU. This ensures a quiet and respectful atmosphere for the care receiver and their family.

The Regulation Officer spoke with one care receiver who spoke positively of the care that they had received and their enjoyment of the hospice garden in particular. The following are examples of what was directly reported:

'I am well cared for, staff will come if needed.'

'Staff will take me around the garden if there is time in my wheelchair'

There were further examples of positive feedback from relatives concerning the quality of the nursing care that family members had received whilst in the IPU in the monthly reports.

Staffing levels on the day of the inspection were observed to be adequate and the Regulation Officer was provided with four weeks of duty rota. The home is currently operating at a maximum occupancy of eight beds instead of twelve. This is predominantly due to staff vacancies and sickness.

Staff recruitment remains challenging, and it is acknowledged that this is reflected elsewhere within the care sector in Jersey. However, the Registered Manager commented that there seem to be particular challenges relating to recruitment into specialist palliative care services.

The Registered Manager confirmed how the service is currently reviewing packages to attract staff and the Regulation Officer viewed a recruitment campaign video in draft form at inspection.

The service is also conducting an off-duty quality improvement project and there had been a recent anonymous off duty questionnaire emailed to staff. Staff spoken with at inspection confirmed that staffing remains a challenge, staff spoke of feeling tired

and of needing time off to recharge on their days off without the possibility of being called in to cover sickness at short notice.

Despite this, staff reported job satisfaction and in general of being well supported by the staff team and management. One staff member described pride and confidence in the holistic care that is provided for the whole family at the Hospice.

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. In addition, the spiritual care team provides spiritual care and support to care receivers and their families. The Regulation Officer was provided with a spiritual care leaflet, this is a useful guide for care receivers and their relatives.

The kitchen team meets the nutritional requirements of the care receivers. The Regulation Officer was provided with a sample booklet that is given to each care receiver. The booklet includes a section entitled 'A bit about you' where care receivers can describe their likes and dislikes and has sections containing choices for breakfast, lunch and dinner, also any snacks. There is a treat of the day that is served every afternoon between three and four pm.

Training

<p>The Standards outline that at all times there should be competent and skilled staff available. Staff should be provided with a range of relevant training and development opportunities.</p>

The Regulation Officer spent time with two members of the Education Team during the inspection, and the provision of statutory and mandatory training requirements were discussed in detail. Also, additional specialist palliative care training both within the organisation and from external agencies.

It was discussed that much of the training is conducted on site at the Hospice with face-to-face training provided by members of the Education Team for both basic life

support (BLS) and manual handling (a senior HCA also supports with the manual handling training). Staff will also complete manual handling competencies.

All staff can also access the virtual college that provides e-learning courses. Medication training is given at induction with updates provided thereafter. Registered nurses (RGNs) must be signed off on three drug rounds and on the use of syringe drivers (equipment commonly used for medication administration in palliative care). This forms part of their Induction. The RGNs will also be given training in drug calculations and anticipatory prescribing (medicines required to manage predictable/distressing symptoms). The Education Department also runs regular clinical skills days that can cover medication topics for example opioid toxicity and specific medications such as ketamine. One member of the Education Team discussed how redeployment to the IPU during the pandemic also provided the opportunity for spontaneous teaching at times with their colleagues.

The care workers (HCAs) are not involved in medication administration within the IPU currently, although there has been a new post recently created for an HCA to assist the hospice pharmacist in medicine management. The Regulation Officer met with the medicine management HCA during the inspection and they spoke positively regarding their new role and of the support that they had received during their induction. They described a split phase induction programme that incorporated competency checks.

The Regulation Officer also met with the Adult Safeguarding Lead (in conjunction with the Education Team), who demonstrated the safeguarding intranet for staff, and provided both a safeguarding poster and information regarding the safeguarding committee. Every member of staff is given a 'Safeguarding Summary' book as a quick reference guide to ensure that all staff are aware that 'safeguarding is everyone's business'. The Acting Head of Education described recent changes to the safeguarding training in Jersey by an accredited provider. It is anticipated that the Education Team will offer safeguarding training in 2023 in-house. All care staff receive quarterly safeguarding supervision.

The mandatory training requirements were being met for staff in line with the Standards except for the provision of First Aid training for healthcare assistants (HCA). Whilst this is an area for improvement, it was positive to note the intention to introduce this requirement for all HCA's going forward.

At the time of the last inspection, a clinical staff development pathway was being developed and was due to be piloted in late September / early October 2021, where trained staff could work towards bronze, silver and gold awards 'in-house'. The gold award would 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. Unfortunately, the pilot had been delayed but it was positive to note that the award scheme was launching on the day of the first inspection visit.

Further examples of specialist training are, the European Certificate in Essential Palliative Care (ECEPC), which is a distance-learning course and runs twice yearly and the Regulation Qualifications Framework (RQF) Level 3 course in care at the end of life. Three staff have already completed the ECEPC this year and a further staff member will complete later in 2022.

Staff also have the opportunity to discuss training needs at appraisal and supervision. The Senior Nurse confirmed that staff receive regular clinical supervision every six to eight weeks and at the beginning of each year, annual appraisals are completed for all staff. These are followed by mid-way appraisals. There is also a clear induction process for new staff (including agency staff). The Senior Nurse conducts a midway and an end of probation interview with each staff member. New staff members also receive training in the use of specialist equipment and devices, for example syringe drivers. One member of staff spoke positively regarding the 'upskilling' and support that they received upon transfer to the IPU from another service within the Hospice.

There had also been a recent anonymous benchmarking staff survey entitled 'Birdsong' that had been sent to staff. Staff also have access to an online portal

called 'Benny Star' that provides staff with support and well-being strategies. This is in addition to weekly reflection opportunities which are available for all staff.

IMPROVEMENT PLAN

There were two areas for improvement identified during this inspection. The table below is the registered provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 12.3</p> <p>To be completed by: with immediate effect.</p>	<p>The Registered Provider must ensure that regular fire drills are carried out with all staff in accordance with the statutory regulations and requirements set by the States of Jersey Fire and Rescue Service.</p>
	<p>Response by registered provider:</p> <p>A full evacuation exercise and an out of hours (OOH) fire drill have been completed during Q3 2022. Going forward, OOH drills will be undertaken quarterly.</p>

<p>Area for Improvement 2</p> <p>Ref: Standard 6, 6.3, Appendix 7.</p> <p>To be completed by: six months from the date of inspection (9 February 2023).</p>	<p>The Registered Provider must ensure that care/support workers will be trained in first aid as a requirement of the services' statutory and mandatory training and participate in regular updates as specified by best practice and statutory requirements.</p>
	<p>Response by registered provider:</p> <p>First Aid training / updates will be included in the 2023 Training Plan for HCAs and completed by end of January 2023.</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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je