



**Jersey Care  
Commission**

## **INSPECTION REPORT**

**Specialist Palliative Care Team  
Hospice Home Care**

**Home Care Service**

**Mont Cochon  
St Helier  
JE2 3JB**

**15, 21 December 2022, and 05 January  
2023**

## 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.

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| Regulated Activity         | Home care service  |
| Conditions of Registration | <u>Mandatory</u><br><br>Type of care: nursing care<br><br>Category of care: Specialist Palliative Care<br><br>Maximum number of hours of care that can be provided in total: 225 hours per week.<br><br>Age range of care receivers: 18 years and over.<br><br><u>Discretionary</u><br><br>The Registered Manager Hilary Hopkins must obtain a Level 5 Diploma in Health and Social Care by 9 February 2024. |
| Dates of Inspection        | 15, 21 December 2022 and 5 January 2023.   |
| Times of Inspection        | 09:30-15:00, 09:00-09:15 and 13:30-14:50   |

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| Type of Inspection  | Announced   |
| Number of areas for improvement   | None        |
| Number of care receivers using the service on the day of the inspection | Caseload 77 |

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 to adults who have advanced and progressive life-limiting conditions. 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.

There is a multidisciplinary team (MDT) approach to care, which includes medical and nursing teams, a social worker, a pharmacist and emotional support provided by the bereavement team. Out of hour's advice and support are provided by the out of hours General Practitioner (GP) Service and the on-call team of Consultants in Palliative Medicine who are based in Southampton.

The SPCT is a commissioned service and has a Service Level Agreement (SLA) with Health and Community Services (HCS).

The Regulation Officer received an updated copy of the service's Statement of Purpose immediately prior to inspection.

## 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 was evidence of oversight of the quality and safety of the service provided to care receivers, examples of this were audit programmes, monthly quality assurance reporting, patient feedback and complaints / compliments. Furthermore, there was evidence of changes to or improvements in practice in line with audit findings or because of, for example, learning from a complaint. This is highlighted further under the heading of 'safety'.

Safe recruitment practices were demonstrated from discussion with the People Team (HR) and the Deputy Director of Palliative Care, but no new staff had been recruited to the service since the previous inspection.

There was evidence of a lone worker policy and online lone working training for staff. Policies reviewed during the inspection were found to be in date with evidence of regular review dates.

There is a detailed holistic needs assessment completed for all care receivers, at the point of admission to the service and there was evidence of specialist, complex care plans that were person-centred.

Feedback from care receivers and a health care professional was positive concerning the specialist care and support provided by staff. There was evidence of collaborative working both within the service and with other professionals / agencies.

There was evidence of care receivers being 'listened to' and of being involved in their care planning from feedback received from care receivers and a review of a sample of the care plans.

Staff described the core training that they receive and discussed the specialist palliative care training that is available to them both internally and out with the organisation. There was also evidence of regular supervision and appraisal sessions for staff.

## INSPECTION PROCESS

This inspection was announced and was carried out over three days and completed on the 5 January 2023. The second inspection date allowed for a brief Teams meeting with a member of staff from the People Team (Human Resources) to review staff recruitment and the third visit provided an opportunity to meet with the Registered Manager who was unavailable at the time of the first visit.

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

This inspection focussed on the following lines of enquiry:

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

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

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 established contact with two care receivers or their representatives. This contact was made by phone.

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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/>

During the first visit, the Regulation Officer met with the Deputy Director of Palliative Care and the Consultant in Palliative Medicine, in the absence of the Registered Manager. There was also an opportunity to speak with four staff members face-to-face.

The views of three health care professionals were also sought as part of the inspection process. One of the three professionals had provided feedback at the time of writing this report.

During the inspection, records including policies, care records, staff rota and monthly reports were examined.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Registered Manager and 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, 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 a sample of organisational policies and procedures in place to support the safety of staff and care receivers, focusing upon the content of the safer recruitment policy, draft SPCT Standard Operational Policy and the Quarterly Board Report – Q2 2022.

Staff are also provided with a lone worker policy and online lone working training. An administrator, who helps to co-ordinate visits, has access to the Clinical Nurse Specialist (CNS) electronic diaries at all times and so can track any change or provide support if required. The Clinical Nurse Specialists (CNS) always carry their mobile phones provided by JHC to track their whereabouts in line with the Lone Working Policy.

There was also evidence of regular audits to monitor the quality and safety within the service. Examples of audit included the following, after death analysis and documentation audits. At the time of the inspection, new sample care plans had been introduced for complex symptom management. At the time of the last inspection, the team were trialling template emergency care plans. Following the trial, the team had identified that further work was required which had led to the development of these most recent care plans. It is positive to note evidence of trial / audit contributing to continuous service improvements.

The Deputy Director of Palliative Care (in the absence of the Registered Manager) 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.

The Regulation Officer met with a member of staff from People Team on Teams on 21 December 2022 but quickly established that no new staff members had been recruited since the previous inspection. During the inspection of another service carried on by JHC, a copy of the Safer Recruitment Policy (August 2022) was provided to the Regulation Officer. The policy outlines the recruitment process and vetting / checking guidance. The guidance includes sections on identity confirmation, verifying qualifications, criminal record (DBS) checks, and references including providing references to other providers. This is in line with the Standard 3, (3.5, 3.6).

There are procedures in place to ensure safe medication administration within the service. The SPCT although predominantly an advisory service, may be involved in administration of 'Just in Case' (JIC) medications.

These anticipatory medicines may be required to manage symptoms such as pain and breathlessness in end of life care. Either the care receiver's own GP or the hospice doctors, are able to prescribe these medications. A risk assessment form is completed prior to the JIC box being put in place and a prescription chart is stored with the box. Each box has a unique combination lock and the stock balance is checked each time either Family Nursing & Home Care (FNHC) or SPCT go into the care receiver's home. All of the nursing staff within SPCT have received additional specialist training in administering medication (this is discussed further under the heading 'training'). The medications can be administered by injection, transdermal patch or via a syringe driver (small battery-powered pump). The Regulation Officer reviewed both the Adult Palliative Care: Anticipatory Prescribing Policy (2022) and the Ambulatory Syringe Pump policy (2021) as evidence, which are island wide policies.

Notifications were discussed with the Deputy Director of Palliative Care, as there had only been a small number of notifications submitted to the Commission since the last inspection. The Deputy Director of Palliative care discussed that this was probably due to the specialist, advisory nature of the service. For example, if the CNS identified pressure area care as a risk at assessment, this would then generate a referral to FNHC for this care. The Deputy Director of Palliative Care had a clear understanding of events that are notifiable to the Commission (in accordance with Appendix 7 of the Standards). As part of this discussion, the Deputy Director of Palliative Care was reminded of the need to submit any death notifications to the Commission, and this was discussed again in more detail at the final visit with both the Registered Manager and the Deputy Director of Palliative Care.

The service has a clear comments, suggestions and complaints process, the Deputy Director of Palliative Care was able to describe how a recent formal complaint had been resolved internally but had also provided an opportunity for learning and improvement. Care receivers can access the complaints process online but are also provided with information on admittance to the service. Alongside complaints, the service also receives numerous compliments in the form of letters, 'thank you' cards and patient feedback / surveys.



Equipment used within the service was discussed with staff members and the Deputy Director of Palliative Care. There is a stock of the syringe drivers for the JIC boxes but other than that the service would need to refer to other health care professionals, such as the community Occupational Therapist (OT) for any equipment required within the care receiver's own home. Staff mentioned that profiling beds (an adjustable bed designed to increase comfort and mobility whilst in bed), were in the greatest demand. One staff member commented that the wait for such a bed in the community could be several weeks and commented that a stock of such specialist equipment for the service would be useful.

### **Care and support**

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| <p>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.</p> |
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There is a triage system for referrals to the service, which is facilitated by a member of staff from the SPCT. This usually happens at the daily staff morning meeting or 'huddle'. There is a weekly MDT meeting every Tuesday to discuss any care receivers with complex care needs. Any healthcare professional can make a referral provided the lead medical physician in charge of the person's care agrees. Care receivers and families can also request a referral.

All care receivers once referred into the service would have a Holistic Needs Assessment completed at the time of the first visit or as soon as possible thereafter, unless the care receiver is in the last few days of life. The Holistic assessment contains four domains; physical, spiritual, social, and emotional and any relevant risk assessments are completed at this time, using accredited tools such as a pressure area assessment.

JHC continues to work with the Gold Standards Framework (GSF) that was introduced in 2015. The framework is a best practice model for end of life care that aims 'to support earlier identification of patients nearing the end of life, leading to improved proactive person-centred care'. JHC has a nurse champion for GSF who works within JHC and the community to support with the framework.

A sample of three care plans were reviewed during the inspection. The care plans are stored electronically and are shared with FNHC and the out of hours GP service. There was evidence of regular updates and review dates that are easily identifiable in red. Samples of the new symptom management care plans were shown to the Regulation Officer in hard copy format and the Regulation Officer was able to view one in electronic format, which was already in use for one care receiver. The care plans are person-centred and evidence the complex, specialist care and support provided by the team. There was also evidence of both multi-agency and multidisciplinary team working. One care receiver commented positively as to the particular help and support that they had received from the Social Worker in the SPCT.

Feedback received from care receivers and relatives as part of the inspection process confirmed their appreciation of the skilled care and support that they had received from the staff of the SPCT. Comments and feedback included some of the below shared with Regulation Officer:

*'I feel listened to and things I asked for were put in to operation. I felt comfortable having those end of life conversations'.*

*'I phoned to refer myself; staff were very good, got back to me immediately and came to see me a few days later'.*

*'The doctor was charming and very concerned in every way.'* *'The nurse kept a close eye on both of us'.*

There were further examples of positive feedback from relatives captured in the quarterly board report, expressing gratitude to the staff for their kindness and compassion.

One health care professional described the staff as 'super professional' and they went onto describe the 'amazing feedback' that they had received from families concerning the Hospice team's care of them and their loved ones.

The SPCT is a multi-disciplinary team and at the time of the inspection comprised of two CNS and one Associate CNS, one Consultant in Palliative Medicine, one Associate Specialist, two staff grade doctors, a pharmacist and a social worker. The Deputy Director of Palliative Care was overseeing the management of the team whilst some staff, including the Registered Manager were unavailable. There is also an out of hour's telephone advice service provided from the on-call team of Consultants in Palliative Medicine in Southampton. Each CNS is responsible for their own caseload of care receivers, this caseload is reviewed every six weeks and a review undertaken with the Consultant in Palliative Medicine every three months. It was positive to note that one staff member described a culture of respectful 'challenging' within the team.

Four weeks of off duty was provided to the Regulation Officer. Staffing and recruitment was discussed with the Registered Manager and the Deputy Director of Palliative Care, as one CNS was due to leave at the beginning of 2023, although this post had been advertised at the time of the inspection. The Deputy Director of Palliative Care and the Consultant in Palliative Medicine described that the medical team was absorbing some of the CNS visits. In addition, that the medical team run regular clinics for care receivers at both JHC and the General Hospital in Jersey.

At the time of the inspection, there were two vacancies within the team, one for a CNS and one for a speciality doctor. Although staffing remains a challenge as is reflected elsewhere within the care sector in Jersey, the Deputy Director of Palliative Care confirmed that there had been no change to the capacity of the service presently in terms of referrals. The Consultant in Palliative Medicine described a stronger integration between the nursing and medical team within SPCT, with the medical team (as discussed above), absorbing some of the visits and there had also been a recent workshop for staff to consider different ways of working / how the team could work more efficiently.

One example of this might be care receivers being reviewed at JHC by the CNS's instead of within their own home. However, staff members commented to the Regulation Officer that assessing care receivers within their own home environment provides particular insight that might be lost in a clinic type setting. The CNS's also

on occasions do joint visits in the home with a member of the medical team or another health care professional such as a District Nurse.

At the final inspection visit, it was discussed with the Registered Manager and the Deputy Director of Palliative Care that the service was registered for nursing care, although the Commission recognise that the category of care is Specialist Palliative Care, and that care delivery is by the MDT. In view of the nursing team consisting of two CNS from January 2023, the Regulation Officer discussed whether the service would still be providing 112 – 600 care hours per week in order to be registered as a medium home care service. Alternatively, if the service would seek to vary the conditions of registration and register as a small home care service. The Registered Manager advised that a recruitment campaign is planned for early 2023 and that it is not predicted that care hours are likely to be significantly reduced during the course of the year. Therefore, the service would not seek to vary the conditions of registration at this time.

## **Training**

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| 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. |
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During the inspection of another service carried on by JHC, the Regulation Officer spent time with two members of the Education Team and discussed the provision of statutory and mandatory training in detail. The additional specialist palliative care training provided both within the organisation and from external organisations was also discussed at this time.

It was apparent that much of the training is conducted on site at JHC with face-to-face training provided by members of the Education Team for both basic life support (BLS) and manual handling.

All staff can also access the Virtual College that provides e-learning courses.

Medication training is given during induction with updates provided thereafter. The Education Department also runs regular clinical skills days that can cover medication topics for example opioid toxicity and specific medications such as ketamine. Staff

from SPCT can also attend a 'learning club' run by a staff member from the education team where the team can discuss complex cases and there is the opportunity to disseminate new information and / or guidance. There is also a competency framework specific for the CNS role, which is completed as part of the developmental role for staff nurses wanting to work towards a CNS role. The competency framework contains five domains that must be passed in addition to a Masters and / or degree academic qualification. The Regulation Officer spoke with a member of staff who is currently undertaking the CNS training. They commented that whilst they found it challenging at times, they felt well supported and benefitted from the provision of structured monthly meetings.

During the inspection of another service carried on by JHC, 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.

Further examples of specialist training are, the European Certificate in Essential Palliative Care (ECEPC), which is a distance-learning course and runs twice yearly. Members of the SPCT teach on the foundation level of the European Certificate and can act as assessors on that course. The Consultant in Palliative Medicine also discussed plans for integrating education between the hospital and the community and in educating hospital generalist staff in palliative care.

Staff also have the opportunity to discuss training needs at appraisal and supervision. The Deputy Director of Palliative Care 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. The CNS's are also responsible for carrying out the supervision of more junior staff.

There is a robust HR process in place for the safe recruitment and induction of staff; the Safer Recruitment Policy (2022) supports this. The policy sets out clear guidance regarding policies and procedures that should be included as part of staff induction within JHC. Staff and volunteers are also provided with 'The Freedom to Speak Up and Whistleblowing policy' (2021) which provides clear procedures for reporting concerns.

Staff members spoken with during inspection reported feeling well supported in the team in particular from the Consultant in Palliative Medicine and of feeling respected by their colleagues. Staff expressed to the Regulation Officer high levels of job satisfaction and pride in their work. Staff commented on more than one occasion that people worked here because 'they really wanted to be here'. One staff member felt that communication could be improved, by ensuring that information is communicated in a more open way with all staff. This was fed back to the Registered Manager at the end of the inspection, who discussed that this was something that the service strived for but acknowledged that it was not always easy to achieve, for example, if there is a degree of sensitivity around information. The Registered Manager did discuss the measures which are in place to aid communication.

The Regulation Officer also spoke with the new inter-faith chaplain, who has also worked as a nurse in palliative care within the team. They discussed that their nursing experience has proven invaluable in their new role and discussed how they work to provide support across the services at JHC. The Chaplain discussed that visits may take place within JHC or in the community in a variety of settings. An example that they gave was of meeting for a coffee with a care receiver in the community. They described how support is provided to them from the vicar of a local church and the hospice team.

## **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.



Jersey Care Commission  
1<sup>st</sup> Floor, Capital House  
8 Church Street  
Jersey JE2 3NN

Tel: 01534 445801

Website: [www.carecommission.je](http://www.carecommission.je)

Enquiries: [enquiries@carecommission.je](mailto:enquiries@carecommission.je)