



**Jersey Care  
Commission**

## **Summary 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**

## 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.

## IMPROVEMENT PLAN

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

The full report can be accessed from [here](#).