



**Jersey Care
Commission**

INSPECTION REPORT

In Patients Unit (IPU)

Care Home Service

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

17 and 22 November 2023

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 80 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 (as amended) 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 Inpatient Unit (IPU) care home service. The service is one of four registered services provided by Jersey Hospice Care (JHC). The facility is situated in the parish of St Helier. The twelve-bed unit provides specialised palliative care services for individuals aged 18 and above, addressing complex needs associated with advanced progressive life-limiting illnesses.

The IPU is located on the ground floor of the main building. Every room has an ensuite bathroom with a patio door that opens to elevated gardens, offering sea views. At the front of the building, are landscaped gardens, while at the rear, a spacious car park is available to accommodate the needs of staff and visitors to the site.

Regulated Activity	Care Home Service
Conditions of Registration	<p><u>Mandatory</u></p> <p>Type of care: nursing care</p> <p>Category of care: specialist palliative care</p> <p>Maximum number of care receivers: 12</p> <p>Maximum number in receipt of nursing care: 12</p> <p>Age range of care receivers: 18 and above</p> <p>Maximum number of care receivers that can be accommodated in the following rooms: Rooms 1-12 one person.</p> <p><u>Discretionary</u></p> <p>The Registered Manager must obtain a Level 5 Diploma in Leadership and Management in Health and Social Care by 30 April 2024</p>
Dates of Inspection	17 and 22 November 2023
Times of Inspection	17 November 09:30-13:30 22 November 09:15-14:30
Type of Inspection	Announced
Number of areas for improvement	No areas of improvement
Number of care receivers using the service on the day of the inspection	8

The Care Home service is operated by Jersey Hospice Care and there is a Registered Manager in place.

During the inspection, the IPU continued to operate with a maximum bed occupancy of eight beds instead of twelve. This was attributed to staff vacancies and a reported lack of demand. Staff recruitment remains challenging, a common issue across the care sector. The senior management team has actively explored initiatives to enhance recruitment and retention efforts.

The discretionary condition on the service's registration was discussed. This relates to the Registered Manager obtaining a level 5 diploma in Leadership by 9 February 2024. The Registered Manager was aware of the deadline to meet the discretionary condition and confirmed the intention to fulfil the qualification within the specified timeframe. A request for a deadline extension was submitted shortly after the completion of the inspection. The Commission approved the extension, increasing the deadline to 30 April 2024.

During the inspection, the Regulation Officer received an updated copy of the service's Statement of Purpose. 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.

The findings of this inspection were positive, with no identified areas for improvement. The Registered Manager and staff members actively participated in the inspection process, ensuring the fulfilment of requests for information, records, and feedback. Any post-inspection requests for additional information to be submitted were promptly addressed.

Care receivers, their family members, and staff members were happy providing feedback about the service, and all feedback received was positive.

The service is well managed, and the Registered Manager is visible and instrumental in the coordination of the running of the unit. Electronic care plans were found to be of good quality and reflective of the needs and wishes of the care receivers. The atmosphere in the unit was quiet and relaxed.

The Regulation Officer reviewed a sample of the organisational policies, procedures, and other documentation. These were found to be comprehensive and easy to follow. Several of the policies were identified as being out of date; nonetheless, the Registered Manager reported that these policies were currently being reviewed and updated. Examples of new draft policies were provided to the Regulation Officer; this demonstrated the service's continuous commitment to progress through implementing new policies.

The Regulation Officer reviewed the services Statement of Purpose and found that it fully reflected the way in which the service operates.

Recruiting clinical staff is an ongoing challenge for the service; this reflects the broader difficulties faced in the care sector in Jersey. The management team

consistently reviews initiatives aimed at attracting new members to the organisation. A comprehensive benefits package is available to employees, and career development is encouraged and supported.

The unit was calm and a relaxing environment. The bedrooms are spacious, light, and equipped with specialist equipment to enhance the safety and comfort of the care experience. The bedrooms serve as private and comfortable spaces for care receivers and visitors to spend quality time together.

New team members undergo a structured induction program inclusive of a competency framework.

The care approach within the IPU is holistic, emphasising the comprehensive consideration of individuals' physical, emotional, spiritual, and psychosocial needs arising from their illness.

The IPU has recently transitioned to using the electronic recording system 'Egton Medical Information System' (EMIS)', aligning with its implementation across other departments within the hospice service. This system facilitates the creation of comprehensive care plans that complement the holistic approach to care delivery.

Emphasis is placed on training, with the organisation having its own in-house Education Team. Proficient training leads are skilled clinicians tasked with delivering and coordinating mandatory and specialised training for the staff team.

Clearly defined referral and assessment criteria have been established, supporting partner agencies to understand and effectively utilise when considering referrals. The Registered Manager clarified that admissions to the IPU can be categorised as planned, urgent, or respite, subject to review by the IPU admissions team.

INSPECTION PROCESS

This inspection was announced and was completed on 17 and 22 November 2023.

Notice of the inspection visit was given to the Registered Manager the day before the visit. This was to ensure the availability of the Registered Manager to facilitate the inspection.

The Care Home Standards were referenced throughout the inspection.¹

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection reports, 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. There was an opportunity during the inspection to talk with three members of the nursing staff, two health care assistants (HCA's), a member of the catering team, the palliative care pharmacist, a member of the education team, a member of the human resource team, the facilities manager, Registered Manager and CEO for the organisation.

The Regulation Officer established contact with three relatives and friends of care receivers; this contact was made by telephone. During the onsite inspection, preserving the dignity and privacy of care receivers undergoing treatment was essential, thereby preventing any opportunity for direct engagement.

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

The views of two professionals were also obtained as part of the inspection process.

During the inspection, records including policies, care records, care plans, monthly quality assurance reports and Human Resource employee files were examined.

This inspection included a tour of the premises.

At the conclusion of the inspection, 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.

INSPECTION FINDINGS

At the last inspection in July and August 2022, two areas for improvement were identified. An improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed.

The inspection included a review of the improvement plan, and it was positive to report that all suggested improvements have been successfully implemented. This confirms that regular fire drills were conducted, aligning with the statutory regulations and requirements stipulated by the States of Jersey Fire and Rescue Service. Additionally, care and support workers have been completing First Aid training, which has been incorporated into the mandatory training schedule.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

Jersey Hospice Care offers specialised palliative care services tailored to the unique requirements of adults facing advanced progressive life-limiting illnesses.

The latest Statement of Purpose is current and aligns with the operational procedures of the service. It specifically highlights the holistic approach of the IPU, addressing all aspects of individuals' needs arising from their illnesses.

The service is effectively managed, with the Registered Manager being actively present and playing a pivotal role in coordinating unit operations.

Management oversight of mandatory and statutory training requirements for staff members is conducted through the education team. Training is delivered through diverse methods, including online modules and face-to-face sessions conducted by the education team or external sources.

The Regulation Officer attended one of the daily morning multidisciplinary meetings, typically led by the Specialist Medical Lead. Key professionals within the service engaged in delivering specialist palliative care services also participated. The meeting covered discussions on care receivers accessing the service, whether identified through hospital or community teams, encompassing those with evolving needs around their diagnoses and new referrals. Additionally, the meeting addressed the bed status for the IPU, reviewing care receivers meeting the criteria for admission to the service and planning their admission.

Registered Nurses work alongside HCAs in the IPU; it operates with a staffing pattern of three shifts per day, 7.30am-2.30pm, 1.30pm-8.30pm and a night shift from 8pm-8am. While there is an option for a long day shift, it is discouraged due to the potential emotional intensity of the care provided. Continuous care on the IPU is available 24 hours a day. The Medical team operates during daytime hours, sharing out-of-hours service responsibilities with the General Practitioners of the care receivers.

The clinical management team compiles a comprehensive monthly quality assurance report for the service. This report covers various aspects of general service delivery, encompassing details such as staffing, recruitment, training, reported incidents (including medication errors), complaints, and compliments.

Individual reviews of accidents and incidents are conducted, with any emerging themes identified and consolidated. The resulting learning outcomes are shared across the team to enhance overall service quality. This is an area of good practice.

The Regulation Officer reviewed a selection of organisational policies and procedures available to support the safety and care of both care receivers and staff. The review specifically concentrated on the content of the medicines policy, clinical supervision, syringe pumps, and mouth care. It was determined that these policies are current, regularly reviewed, and give local (Jersey) context, demonstrating their ongoing relevance and compliance. Staff members confirmed that newly implemented policies, as well as those that underwent review and updates, are brought to their attention, and shared for their awareness.

The organisation arranged a recruitment day in November 2023, this was in response to addressing staffing challenges. Recruitment drives promote the benefits of working for the organisation, including outlining opportunities for career pathways for new and existing staff and promoting professional progression.

To manage staffing gaps in the IPU, the service has recently enlisted HCAs from a local home care service. The Registered Manager reported that this model worked well and may be utilised in the future. Additionally, the service temporarily employs registered nurses through a UK-based agency to support the service when staffing becomes challenging.

The service provides new team members with a structured induction program inclusive of a competency checklist. Staff members are considered supernumerary throughout this orientation and receive supervision until competencies are fulfilled. Shadowing opportunities are made available. Mandatory training is also finalised during this onboarding period, and other specialist training relating to the role is identified. Several staff members who provided feedback to the Regulation Officer confirmed that they had been offered an induction period on the commencement of their roles, which allowed protected time to shadow and complete essential training.

Staff members with direct patient and family contact within the IPU and specialist palliative care team are provided access to restorative clinical supervision, with sessions available at a minimum frequency of every 6-8 weeks. The availability of a clinical supervision policy provides a framework for staff members, ensuring that clinical supervision is seamlessly integrated into the regular practice of the palliative care specialist team. A staff member reported that they find clinical supervision '*highly beneficial*' for their personal learning and development. They mentioned that, unlike past nursing roles in different organisations, clinical supervision had not been offered to them before. This is an area of good practice.

The Regulation Officer discussed the procedures related to complaints, comments and suggestions for care receivers and their families and friends. Care receivers

staying in the IPU, and their visitors receive general feedback leaflets. Additionally, the organisation has a comprehensive complaints policy and procedure.

The JHC website provides clear guidance for care receivers and the public on how to make suggestions, provide feedback, or lodge a complaint.

Several staff members verified that complaints and feedback from care receivers are shared with the staff team and discussed as a learning opportunity. They reported that the organisation adopts a transparent approach in sharing concerns from care receivers, similar to how compliments are also shared openly.

The Registered Manager clarified that they and the IPU leadership team are responsible for addressing received complaints. They aim to handle these concerns promptly and effectively, adhering to the policy and guidance. Furthermore, complaints are discussed by the senior management team. These concerns are formally reviewed and reported to the Clinical Governance Committee and the Board of Trustees every quarter.

The organisation has proactively embraced sustainability initiatives by installing solar panels onsite, a measure aimed at reducing operational costs and demonstrating environmental responsibility.

Care and support

<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>

Advanced care planning is facilitated for care receivers to articulate their preferences, typically initiated in anticipation of a potential deterioration in an individual's condition in the future. These discussions are led by an appropriately designated member of the multidisciplinary team.

Care receivers are provided with a booklet titled 'My Advance Care Plan,' which can be filled out in collaboration with a loved one or a palliative care team member. This resource empowers individuals to make informed choices regarding various aspects of their care during their end-of-life journey.

The Regulation Officer spent time with a member of the in-house Education Team. The team ensures that statutory and mandatory training requirements for the entire staff team within the organisation are provided and adhered to. They emphasised the organisation's commitment to promoting continuous professional development for clinical staff members through the 'clinical professional development pathway.' This facilitates the advancement of knowledge and skills in the field of palliative and end-of-life care. This ongoing development ensures that care receivers are delivered specialist care from highly trained clinicians. This is an area of good practice.

The Regulation Officer reviewed care plans and records of care receivers. Each care receiver had multiple care plans related to their individual needs. The care plans are available electronically and are presented in an easily understandable format, serving as a reference point for all staff involved in providing care. This facilitates understanding if new staff members are introduced to working with the care receivers.

The service has introduced a new document integral to assessing of care receivers. Known as the 'About Me' document, it is intended for completion by the care receiver, who may enlist significant others to assist in addressing its questions. The document is the property of the care receiver, affording them the discretion to share it with individuals of their choosing. Its purpose is to aid the care receiver in contemplating their self-identity, self-care, those people that matter most to them, and the aspects crucial to the care they wish to receive.

Feedback from care receivers and their families is actively encouraged. Information gathered is compiled quarterly and presented in a report that includes 'You Said, We Did' comments, responses, compliments and complaints.

As part of the inspection, a tour of the premises was conducted. The unit's environment was calm, relaxed and appropriately equipped to provide palliative care

and support to care receivers with advanced life-limiting illnesses. Additionally, it was found to be well-maintained and in good repair.

The multidisciplinary team is a critical element of the specialist palliative care service. This comprises a comprehensive clinical team with specialist qualifications to deliver a wide range of palliative services proficiently.

Feedback was obtained from one of the registered nurses working on the IPU; they expressed a sense of strong support from both colleagues and management. The nurse emphasised that due to the highly emotive care and support provided to care receivers, the multi-agency team regularly convenes to engage in debriefing sessions and thorough analysis, particularly in response to their delivery of end-of-life care.

The Regulation Officer met with the palliative care pharmacist, who takes responsibility for organisational policies, guidelines, and procedures about the safe and secure handling of medicines. The IPU will maintain a stock of commonly used medicines, controlled drugs, and individual patient medications. A comprehensive medicines policy is in place, offering clear guidance to staff members involved in prescribing, administering, and ordering any medication utilised within the IPU or as part of the specialist community palliative care service.

Several staff members provided feedback, expressing a collective sense of being well-supported by their colleagues and the management team. They emphasised a strong team dynamic, with everyone working collaboratively to deliver safe and compassionate care.

The organisation provides social events for the staff team, to enhance staff wellbeing, demonstrate appreciation and encourage working relationships. A recent illustration of this initiative was a roast dinner provided by the catering team, which was extended to all staff members. According to staff feedback, this event provided an opportunity for team members to dine together and connect with colleagues they might not typically engage with. The organisation received positive responses, indicating staff appreciation for the thoughtful gesture.

Friends and family members of care receivers were consulted as part of this inspection. The feedback was mostly positive, with a few comments detailed below:

'It is an amazing place; staff cannot do enough.'

'All of the staff we encountered were very kind, the nurses and doctors really care.'

'The staff were very caring, however, there were times when it was difficult to find staff on the unit, we could see that they were short staffed.'

'My father was so well looked after, he wanted to be at home, but this wasn't possible, the hospice made him so comfortable and the care was incredible. As a family we were able to visit at any time and was offered the overnight facilities to stay.'

Choice and safety

<p>The Standards outline the Provider's responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled, and empowered to be as independent and autonomous as practicable. People's rights will be supported and protected.</p>
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Robust safeguarding practices are implemented, and a clear process is outlined for staff to follow in the event of a safeguarding concern. The IPU has a designated safeguarding lead, and in-house training in adult and children safeguarding practices is provided to all staff.

Out-of-hours telephone advice is accessible remotely from the on-call team of Consultants in Palliative Medicine at Southampton University Hospital. This service is available to all clinicians involved in care delivery to the care receivers who may need specialist palliative care advice and support.

The Regulation Officer reviewed a selection of staff personnel files facilitated by a Human Resources team member. The review showed documentation confirming thorough recruitment checks, such as references from previous employers, Disclosure and Barring Service (DBS) checks, and proof of identity.

Medications are securely and safely stored in the treatment room located within the IPU. The palliative care pharmacist assumes responsibility for conducting medication audits, reviewing instances of medication errors, and leading the medicines safety group.

The service has implemented "You said, we did" feedback opportunities for care receivers, friends, and family members. Notable actions taken in response to feedback are prominently displayed for care receivers and visitors accessing the unit. Feedback forms are readily available, and staff actively encourage all forms of feedback to promote continuous service improvements, recognising strengths and challenges.

Communal areas are accessible to care receivers and visitors who may desire a change of environment from their private rooms. These spaces include a day lounge, a sanctuary area, a relatives' room equipped for family members to stay overnight, and a counselling room for more discreet and sensitive conversations.

There is a dedicated spiritual lead available for care receivers seeking to explore their spiritual feelings concerning their illness and diagnosis. This individual assists care receivers in contemplating their feelings and wishes regarding their social well-being.

The Regulation Officer met with the facilities manager, who outlined the fire safety procedures. A comprehensive fire evacuation plan and a fire precaution logbook were in place. There was documentation confirming the weekly testing of fire alarms and strict adherence to all other fire safety instructions provided by the fire and rescue service. Additionally, all staff members on the IPU have undergone fire marshal training.

During the tour of the service, the Regulation Officer visited the main kitchen facility for the IPU and spoke with some members of the catering team. Preferences and dislikes of care receivers concerning their daily diets are gathered as part of the admission process. The catering staff endeavours to accommodate care receivers' meal requests, and choices are offered for each mealtime where specific requests have not been made. Additionally, a dedicated focus is on ensuring nutritional value in the meals provided. Special diets are available for those who may have allergies or food sensitivities. Meals are typically served in the care receivers' rooms; a dining table is also available in the communal living room for those wishing to eat with their visitors.

An extra ensuite double bedroom is available to accommodate family members, particularly during critical care periods for the care receivers.

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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