



**Jersey Care
Commission**

INSPECTION REPORT

**Specialist Palliative Care Team
Hospice**

Home Care Service

**Mont Cochon
St Helier
JE2 3JB**

22 and 23 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 Specialist Palliative Care home care service. The Specialist Palliative Care Team (SPCT) is one of four registered services provided by Jersey Hospice Care (JHC). Situated on the first floor of JHC's main building in the parish of St Helier, the service provides cover island-wide, extending its support to care receivers in their homes, care homes, and the hospital.

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 hours of care that can be provided in total: 225 hours per week. Age range of care receivers: 18 years and over.

	<p><u>Discretionary</u></p> <p>The Registered Manager, is required to achieve a Level 5 Diploma in Health and Social Care by 30 April 2024.</p>
Date of Inspection	22 and 23 November 2023
Time of Inspection	12:00-13:00, 09:00-13:30
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	Caseload 70

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

The SPCT is an advisory and supportive service offering specialised palliative care to adults with advanced and progressive life-limiting conditions. The SPCT listens to care receivers' concerns regarding their illness and their families. They provide opportunities for discussions about treatment, care, and priorities of the care receivers. They support symptom management by assessing concerning symptoms and suggesting how they can be improved. The SPCT work collaboratively with other healthcare professionals and specialist teams involved in the care receivers' care to support a dignified end-of-life journey.

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.

The service operates during core hours from 9 am to 5 pm, six days a week. Outside of these hours, support is available through the General Practitioner out-of-hours service in Jersey and via telephone consultation with the on-call team of consultants in Palliative Medicine at Southampton University Hospital.

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.

The inspection was positive, and no areas of improvement were identified. The Registered Manager and staff actively engaged in the inspection. Requests for information, records, and feedback during the onsite inspection and post-inspection were provided. Additionally, care receivers and their family members were willing to share feedback about the service, which was overwhelmingly positive.

The SPCT is a multi-disciplinary group comprising of specialised medical and nursing professionals, a pharmacist, a social worker, and administrative support. There is a nurse team lead, two community nurse specialists, and an associate specialist nurse. Together, they provide palliative care services across the island, extending their support to individual homes, care homes, and the general hospital.

The Regulation Officer reviewed the service's Statement of Purpose (SoP) and determined that it accurately and comprehensively reflects the operational procedures of the service.

The staff members receive training in line with their specialist roles. The in-house education team oversees the mandatory and essential training process and works with staff members to identify any additional specialist training needed to fulfil their role.

A comprehensive approach to care delivery is implemented, where the team offers guidance and assistance in addressing physical, psychological, spiritual, and social needs.

Time was spent with the HR department, and evidence of safe recruitment practices was seen during this engagement. The HR team demonstrated the implementation of robust processes and procedures, ensuring thorough and safe recruitment practices.

There are clear referral criteria available to partner agencies to utilise when considering a request for the service on behalf of the care receivers.

Advanced care planning is facilitated for care receivers to articulate their wishes for end-of-life care. These discussions occur with a team member with the training and skills to support this interaction.

The team has access to restorative clinical supervision, a resource designed for staff members to contemplate and reflect on challenging and stressful demands and issues. It provides an opportunity for an alternative perspective to be considered and support to be available if needed.

A daily multi-disciplinary meeting is conducted with the specialist palliative care team, where key professionals convene to discuss care receivers within the service. The focus is on individuals with changing needs that may necessitate access to various parts of the service and new referrals. This meeting includes discussions about care receivers who may require the services of the inpatient unit.

New team members undergo a comprehensive induction program that includes a competency framework. Team members are supernumerary during the initial weeks of their induction period, providing them with the opportunity for shadow shifts and visits to observe how other departments operate.

INSPECTION PROCESS

This inspection was announced to the Registered Manager during the inspection of the In-patient unit on 17 November 2023. This was to ensure that the Registered Manager would be available to facilitate the inspection.

Since the SPCT shares a Registered Manager with the in-patient unit, and oversight in governance, Human Resources (HR), and facilities management, a portion of the inspection was conducted simultaneously with the in-patient unit. This approach was taken when examining these specific aspects of the service.

The Home Care 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 report, notifications to the Commission and any correspondence received since the last inspection.

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

The Regulation Officer sought the views of the people who use the service and their representatives and spoke with managerial and other staff. There was an opportunity during the inspection to talk with two members of the nursing staff, 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, and the Registered Manager who facilitated the inspection.

The Regulation Officer established contact with three care receivers and one relative of a care receiver; this contact was made by telephone.

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

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.

The service offers palliative care for adults facing complex needs related to advanced progressive life-limiting illnesses. The care is provided in various settings, including care receivers' homes throughout the island, care homes, and hospital settings. The approach to care is holistic, considering the various factors in understanding and addressing a person's well-being during their end-of-life journey.

The inspection provided evidence to indicate that the service is well-led and effectively managed. The Registered Manager demonstrates a strong presence in their role, encouraging, stability, consistency, and competence in the delivery of services.

Transparent quality governance practices with managerial oversight were evident. The Registered Manager shared monthly audit reports covering various practice areas, such as medication delivery, risk management, clinical supervision, and oral hygiene. These individual audits contribute to the overall monthly report for the home, showcasing a comprehensive approach to quality management.

The service generates quarterly quality assurance reports that look at details such as the number, source, and diagnosis of referrals handled. These reports are a valuable tool for the organisation to gauge clinical targets and outcomes, providing a systematic approach to monitoring and improving the quality of care provided.

Staff members with direct patient and family contact within the 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 specialist palliative care team.

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.

The Regulation Officer discussed procedures concerning complaints, comments, and suggestions for care receivers and their families and friends. Individuals receiving support from the SPCT, and their families receive general feedback leaflets. Furthermore, the organisation has established a complaints policy and procedure. Clear guidance for care receivers and the public on how to make suggestions, provide feedback, or lodge a complaint is available on the JHC website.

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.

A daily multi-disciplinary meeting is held to address the current care receivers, recent referrals, and pending referrals for the service.

The coordination of the meeting is managed by the palliative medicine consultant, with participation from essential professionals in the specialist palliative care team, inpatient unit, and the general hospital.

The latest monthly reports were reviewed and were found to be sufficiently comprehensive. These reports encompass various aspects, including number of people receiving care, staffing numbers, training and development, incidents, accidents, and feedback received. The ongoing analysis of such reports enables monitoring progress and enhancements within the service.

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.

Care is delivered through a multi-disciplinary team (MDT) approach, which includes medical and nursing practitioners, a social worker, a pharmacist, administrative support, and emotional assistance provided by the bereavement team. There are currently no staff vacancies in the team.

The SPCT actively supports personalised care planning in collaboration with care receivers and their significant others. This involves identifying and documenting personal preferences, and signposting individuals in accessing services that provide the necessary information and care when needed.

The Regulation Officer reviewed a sample of care records recorded on the Egton Management Information System (EMIS). The records contained relevant care plans, risk assessments and evidence of regular care plan reviews. Treatment plans are diligently reviewed and updated, particularly when there is a change in the care receiver's needs that necessitates adjustment.

The EMIS electronic recording system is utilised by other local partner health services, including GP surgeries, the Hospice IPU, and the community nursing service provided by Family Nursing and Home Care (FNHC). This facilitates the seamless exchange of information with the prior consent of the care receiver and supports close and effective partnership working with the primary and acute health sectors to ensure an integrated approach to care.

Care receivers are actively encouraged and supported to contribute to their care planning. Recognising the unique needs of each care receiver, care plans are designed to address these individual requirements directly. Advanced care planning is facilitated for those care receivers who wish to communicate their personal preferences and choices regarding their end-of-life care.

Active encouragement is given for feedback from care receivers and their families. The information collected is consolidated quarterly and presented in a report that incorporates 'You Said, We Did' comments, responses, compliments, and complaints.

A standard operating procedure (SOP) outlines the SPCT referral criteria. Upon meeting the criteria, a contact and initial assessment of the care receiver are triggered. Referrals are addressed within timeframes that align with the needs and preferences of the care receiver.

The small staff team covers the whole of the island with home visits, hospital visits and meetings within the Hospice facilities. It was evident from discussions with the nurses on the team that they know the caseload well and thoroughly understand the needs of the people they support. This is supported by the medical team and partnership working with the hospital and GP's.

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 advancing knowledge and skills in the palliative and end-of-life care field. This ongoing development ensures that care receivers are delivered specialist care from highly trained clinicians. This is an area of good practice.

Care receivers and their family members were consulted as part of this inspection. Their feedback was consistently positive. Comments included:

"I was able to call the nurses at any time, they were available, efficient, professional, and gave me and my husband lots of reassurance."

"The care was delivered with kindness and empathy; they are a very empathic team."

"My partner wanted to be at home, the team enabled him to be at home. He appreciated the support provided."

"The nurse that visited me at home, was most caring and most helpful."

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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Feedback leaflets are provided to care receivers, allowing them to share their experiences with the service. This helps ensure the organisation is informed about areas requiring improvement and acknowledges instances where services are delivered effectively.

The Regulation Officer examined seven staff members' Human Resource (HR) files and observed evidence of safe recruitment practices during their initial employment. Current policies are in place to support various HR processes, such as recruitment, annual leave and health and safety.

Care receiver health records are stored electronically on the EMIS system or as hard copy documents. Staff access the electronic system using individual personal passwords. Data protection practices are followed to maintain the confidentiality and security of personal information belonging to care receivers who access the service.

A mandatory training program is implemented for all staff, covering topics through e-learning or practical-based sessions. Much of this mandatory training focuses on ensuring the safety of care receivers, emphasising the importance of maintaining a secure and protective environment.

Care receivers can actively participate in the planning and assessment of their care as much as they wish to. This empowers them to express the aspects of their care that hold the most importance, ensuring their wishes are heard and respected. The team possesses the necessary skills and experience to facilitate a meaningful, two-way conversation with the care receivers regarding their care preferences.

National approved palliative care guidelines are followed for symptom control treatment plans. Every aspect of the care the team offers is grounded in evidence-based practices.

Protocols are established to ensure the safe administration of medications within the service. The SPCT actively participates in the assessment, delivery, and review of medications for care receivers. Additionally, the team offers advice and support to other professionals concerning the medications utilised in end-of-life care.

Out-of-hours advice and support are provided through the Jersey Doctors on Call (JDOC) service and additionally, the on-call team of Consultants in Palliative Medicine at Southampton University Hospital.

Safe lone working is prioritised, and the team ensure that processes around this are followed. A lone worker policy provides clear guidance and aims to mitigate potential risks associated with lone working.

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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