



**Jersey Care  
Commission**

# **INSPECTION REPORT**

**Inpatient Unit (IPU)**

**Care Home Service**

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

**17, 21 and 23 October 2024**

## **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 the Inpatient Unit (IPU) care home service. The IPU is one of four registered services provided by Jersey Hospice Care (JHC). The service is located on the ground floor of JHC main building on the outskirts of St Helier.

The service delivers specialist palliative care for adults with complex needs associated with advanced, progressive life-limiting illnesses.

The service is currently without a registered manager. However, an interim manager is in place. In June 2024, the service provided an absence of manager application outlining the interim management arrangements until a new registered manager is appointed. At the time of writing this report, the Commission had received an application for a proposed new registered manager.

Regulated Activity	Care Home Service
Mandatory Conditions of Registration	<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 care: 12</p> <p>Age range of care receivers: 18 and above</p> <p>Maximum number of care receivers who can be accommodated in the following rooms: Rooms 1-12 one person</p>
Dates of Inspection	17, 21 and 23 October 2024
Times of Inspection	11:00-12:30, 09:30-15:30, 09:00-13:30
Type of Inspection	Announced
Number of areas for improvement	Two
Number of care receivers using the service on the day of the inspection	Eight

The interim manager provided an updated copy of the service's Statement of Purpose. This was submitted on request at the beginning of the 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.

The inspection identified two areas that require improvement. One focuses on ensuring safe recruitment practices, and the second is regarding the safe management of medicines.

A daily 'safety huddle' is held where the team discusses potential safety issues. This meeting is vital for identifying and addressing risks and enhancing care receiver safety and well-being.

The service uses tools like the Integrated Palliative Care Outcome Scale (IPOS) to measure the effects of treatment plans. Safety crosses are used to monitor falls and pressure wounds, promoting prevention and effective management.

The service is committed to reducing falls through proactive risk management, regular assessments, and innovative technologies like sensors, enabling timely interventions. This approach highlights its dedication to care receiver safety and high standards of care.

Recent management changes prompted a review of the IPU environment, leading to improvements that have enhanced the experience for care receivers and their visitors. Communal areas, like the family room, are now more child-friendly, with resources for children available.

The service prioritises personalised care, ensuring comfort and ease for all care receivers. Staff support family visits and, when feasible, facilitate pet visits, recognising the value of these connections in promoting well-being.

The Interim Manager has implemented new governance structures to strengthen oversight and enhance accountability in its operations. These measures are designed to provide additional scrutiny and ensure the effective delivery of services.

## INSPECTION PROCESS

This inspection was announced with notice of the inspection visit being given to the Interim Manager four working days before the visit. This was to ensure that the Interim Manager would be available during the visit. The inspection was completed on 17, 21, and 23 October 2024.

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

This inspection focussed on the following lines of enquiry:

- **Is the service safe**
- **Is the service effective and responsive**
- **Is the service caring**
- **Is the service well-led**

Prior to our inspection all of the information held by the Commission about this service was reviewed, including the previous inspection report, the Statement of Purpose, notifications, and any correspondence received about the service since the last inspection.

The Regulation Officer gathered feedback from three care receivers and their representatives. They also had discussions with the service's management and other staff. Additionally, feedback was provided by two professionals external to the service.

Records including policies, care records, human resource employee files, and monthly reports, were examined as part of the inspection process.

At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager, and the Lead Nurse for IPU and quality assurance.

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

This report outlines our findings during this 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 of improvement were identified that required any follow up on this visit.

### **Is the Service Safe?**

Emphasising the importance of creating a safe environment so care receivers are protected from avoidable harm, with a focus on policies and procedures.

The service uses tools like the Integrated Palliative Care Outcome Scale (IPOS) to measure the effects of treatment plans. Additionally, the Patient Safety Cross is used to track fall incidents for each care receiver, raising awareness of frequent falls and guiding strategies for prevention. Similarly, safety crosses are used to monitor pressure wound occurrences, promoting awareness and driving efforts to effectively reduce and manage pressure wound risks.

Medicine management has been identified as an area requiring improvement following a review by the pharmacist inspector. It was noted that there are no systematic reviews by a pharmacist of medications prescribed within the unit, limiting opportunities to ensure their ongoing appropriateness and effectiveness.

Furthermore, there is an absence of medication audits, particularly concerning the management of medication stock levels. The current approach presents an opportunity to better support care receivers in self-administering medications they may already be taking, which could promote independence and continuity of care. Additional aspects of medicine management, including having a separate protocol for over-the-counter products such as vitamins were also highlighted as needing further development to ensure the highest standards of safety and care are achieved.

The service prioritises safety through robust facility management practices. Fire safety protocols are rigorously implemented. The Regulation Officer reviewed the organisation's fire safety procedures, confirming that all actions were carried out within the recommended timeframes specified by the fire service. This included fire alarm testing, fire drills, and fire equipment maintenance.

The Regulation Officer observed the daily safety huddle held by the team during the working day. The huddle is designed to facilitate sharing information regarding potential safety issues or concerns for care receivers. Discussions include incidents compromising safety over the past 24 hours, care receivers at high risk of falls, hospital transfers, and any cases of infectious illnesses among care receivers. The huddle plays a crucial role in identifying, addressing, and minimising potential risks, ultimately enhancing the safety and well-being of care receivers.

The Regulation Officer reviewed the Human Resource (HR) recruitment procedures. It was noted that new Disclosure and Barring Service (DBS) checks had not been requested for some recently recruited staff members, with DBS certificates from previous employers being relied upon. This is an area of improvement to ensure compliance with the Care Home Standards around safe recruitment practices.

## Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receiver's needs are respected and met.

The organisation has an established clinical supervision model supported by a comprehensive policy and procedure, which includes recommended timescales for supervision and a mechanism for management oversight of staff compliance. While this oversight ensures accountability, capturing compliance data could be improved to provide greater clarity and transparency.

The service utilises the Jersey Nursing Assessment and Accreditation System (JNAAS) to benchmark nursing practices within the In-Patient Unit (IPU). This system highlights strengths, promotes continuous improvement in patient care, and serves as an internal quality assurance tool.

The organisation has a practice development clinical role that collaborates closely with the training and development team to deliver clinical supervision, learning events, and support the induction of new clinical staff. This role ensures new staff receive guidance throughout their induction and competency framework, including a supernumerary period of up to four weeks to complete their induction and develop required competencies. This resource supports ongoing professional development within the team.

As part of recent changes within the management team, a fresh review of the IPU environment has been carried out, resulting in improvements aimed at enhancing the experience for care receivers, their friends and family members who visit. Special attention has been given to making communal areas, such as the family room, more child-friendly, with resources for children now readily available.

Additionally, the 'You Said, We Did' board has been relocated to the family room, making it more visible to visitors and encouraging them to engage with and contribute to this feedback process.



## Is the Service Caring?

Evidencing fundamental aspects of care and support are provided to care receivers by appropriately trained and competent staff.

The service demonstrates a strong commitment to reducing falls through proactive risk management, innovative technologies, and staff training. Falls risk assessments are regularly reviewed to inform tailored care plans, while tools like the safety cross help track and identify trends to guide preventative actions. Advanced technologies, such as seat and mattress sensors, provide early alerts, enabling staff to respond promptly and prevent falls. This collaborative approach reflects the service's dedication to enhancing care receiver safety and promoting high standards of care.

The service benefits from the support of a dedicated training and development team, ensuring compliance with both mandatory and specialist training requirements. The organisation promotes a strong culture of learning and development, offering specific training pathways for staff members. This commitment to career progression is evident, particularly with a focus on palliative and end-of-life care. The service's monthly report noted that several team members are pursuing qualifications, including the Regulated Qualifications Framework (RQF) Level 3 and the European Certificate in Essential Palliative Care (ECEPC).

Care receiver interventions and care plans continue to be documented using the Egton Medical Information System (EMIS). The Regulation Officer reviewed several records and found them to be individualised, addressing the specific needs of each care receiver. The records are well-organised, easy to navigate, and provide essential information for the staff team to reference when delivering care.

The service identified that some essential pressure wound prevention equipment used to ensure the safety and comfort of care receivers was outdated and needed replacement. Consequently, all pressure-relieving mattresses have been updated, enhancing comfort and support while reducing the risk of pressure wounds. An essential equipment maintenance schedule is now in place to ensure all equipment operates efficiently and effectively.

The service demonstrates good practice in managing and preventing pressure wounds, prioritising both proactive measures and collaborative approaches. Turning charts are utilised for individuals identified as high-risk, supporting consistent repositioning and effective monitoring of care. The team benefits from two dedicated 'Tissue Viability Champions' who lead on this aspect of care. A strong partnership with the community nursing tissue viability specialist team further supports this area of practice.

The organisation has a dedicated spiritual lead who facilitates supervision focused on sensitive reflection and restoration, addressing the emotive nature of discussions. Staff have described this experience as "meaningful" and "enriching," praising the spiritual lead's supportive and nurturing approach.

The service emphasises personalised care, ensuring that every effort is made to provide comfort and ease, whether for a short admission to support treatment or round-the-clock care. The staff team is dedicated to supporting family and friends to visit and, when appropriate and manageable, will even facilitate visits from a family pet, recognising the importance of such connections in enhancing well-being.

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

*"The staff were so kind, the facilities are beautiful, Xxx is really happy with Xxx care."*

*"The team were so helpful at managing Xxx medications."*

*"The team were so compassionate."*

## Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

The management structure for the IPU is undergoing a remodel. The Director of Palliative Care will no longer serve as the Registered Manager for the service. Instead, this role will be assumed by a recently appointed Lead Nurse for the IPU. Additionally, two new senior nurses have joined the IPU team. They are actively implementing innovative initiatives and improved working practices to enhance the safety and experience of care receivers, as well as the staff team.

Staff feedback on these changes has been positive, with one team member noting, *“I have seen changes, and they are good changes. Communication is better, there are strong leadership skills, and most of all, there is respect.”*

The IPU is registered for twelve beds, eight are currently in use due to limited population needs and low demand. Staffing levels are set to accommodate eight beds, ensuring the service can effectively manage full occupancy of these eight beds if needed.

The staffing team currently has a small number of vacancies. Senior nurses manage staffing rotas efficiently, utilising bank staff to cover periods of sickness and annual leave. Informal back-to-work interviews have been introduced to address staff sickness, receiving positive feedback from team members. Furthermore, managers are prioritising staff well-being by maintaining contact during periods of absence, checking on team members' well-being, and offering support where needed.

The senior leadership team identified the need to update and review specific organisational policies. To address this, a clinical policy and procedure group has recently been established, meeting regularly to review and revise clinical documents, policies, and guidelines. This group ensures that operational documents are current, aligned with best practice standards, and readily accessible to staff.

This initiative promotes safe, effective, and high-quality care and is recognised as an area of good practice.

The senior leadership team has introduced a workforce well-being strategy to promote staff well-being across the organisation. The annual staff survey results highlight improvements in key engagement indicators, such as work morale and feeling valued. This strategy reflects the organisation's commitment to promoting a positive and supportive work environment. Feedback from one member of staff was that they had felt more supported recently by the management team and that "*things were much better now*".

Transparent quality governance practices, supported by strong managerial oversight, were evident within the service. The Interim Manager shared monthly quality assurance reports covering key aspects such as accidents and incidents, health and safety, and safeguarding. These reports reflect a comprehensive and systematic approach to quality management, ensuring accountability and continuous improvement.

Staff members were consulted as part of this inspection. Comments included:

*"I am so happy to be here, we are very well looked after."*

*"Team meetings are more consistent; they give us the opportunity to have our say and understand any changes."*

*"The training and education offer is excellent."*

*"We are offered a chance for growth; they really invest in training."*

*"Flexible working arrangements have been excellent, when needed."*

## IMPROVEMENT PLAN

Two areas for improvement were identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 3.6, Appendix 4</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>DBS checks must be requested for all newly recruited employees to ensure safe recruitment practices.</p>
	<p><b>Response of Registered Provider:</b></p> <p>To ensure safe recruitment practices are met, JHC's DBS process and approach was changed with immediate effect post the inspection. DBS checks are therefore now being requested for all new hires, irrespective of the status of any existing DBS certificates still valid with previous employers. In addition, the safer recruitment policy and procedure are being updated to reflect the change in working practice, which will be ratified by JHC's Executive Team.</p>

<p><b>Area for Improvement 2</b></p> <p><b>Ref:</b> Standard 6.7, Appendix 9</p> <p><b>To be completed by:</b> Within 6 months of the inspection</p>	<p>The service requires improvements in medication management, including introducing pharmacist reviews, implementing medication audits, allowing care receivers to self-administer medication where appropriate, and establishing a protocol for managing and recording over-the-counter products.</p>
	<p><b>Response of Registered Provider:</b></p> <p>The pharmacy resources for Jersey Hospice Care are currently being assessed. This will cover the process by which the pharmacy reviews on IPU will be carried out. Since the inspection, Jersey Hospice Care have been conducting medication audits. An audit plan for 2025 is being reviewed. The implementation of a self-administered medicines protocol will be examined by our medicine safety group for appropriateness within the clinical setting. The Medicines Protocols, which were created for over-the-counter medications, are presently being planned for implementation. This action plan will be monitored by our Medicines Safety Group, which is a component of our governance framework.</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.



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