



**Jersey Care
Commission**

Summary Report

Inpatient Unit (IPU)

Care Home Service

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

Inspection Dates

10, 15 and 18 September 2025

Date Published

6 November 2025

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 service goes above and beyond to meet the wishes and requests of care receivers and their families, doing so sensitively and collaboratively.

This inspection identified no areas for improvement. The service has successfully addressed and improved the areas identified in the previous inspection.

The management team is visible and approachable, and actively engages with staff, providing leadership, operational oversight, and acting on feedback and suggestions.

The service follows the Gold Standards Framework (GSF) to provide high-quality care for individuals with life-limiting conditions. The unit manager recently led the successful reintroduction of GSF accreditation, achieved through strong leadership and the dedication of the entire staff team.

The service has strengthened internal team communication through monthly team meetings, daily huddles, and ongoing daily multidisciplinary team (MDT) meetings, as well as improved communication with the medical team.

The service is now fully staffed with registered nurses and supported by a strong team of regular bank staff. As a result, agency nurses are no longer required, ensuring that care receivers benefit from consistent caregivers.

The service has strengthened assessments and care planning for pressure ulcers on admission, using monitoring, collaboration, and root cause analyses to prevent and manage wounds effectively.

The revised admission process ensures referrals clearly outline care needs and are triaged through daily multidisciplinary meetings. Once embedded, it will help prioritise admissions based on need.

The service has a thorough complaints process and actively encourages feedback, recognising that care receivers and relatives may be hesitant to raise concerns. The provider has introduced measures to improve engagement with relatives and to make management more approachable, using feedback to drive continual improvement in practice.

IMPROVEMENT PLAN

There were no areas for improvement identified during this inspection and an improvement plan is not required.

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