Jersey Care Commission

Summary Report

Specialist Palliative Care Team
Hospice Home Care

Home Care Service

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

9 and 10 September 2026

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 a clear organisational and governance structure. The management framework provides clear lines of accountability. The organisation also demonstrated a commitment to staff recognition, wellbeing and team morale, supported through a range of staff initiatives.

Changes to the service model, were embedding with clear referral and triage processes. Information detailing how the service can provide support was outlined on the organisation's website and leaflets.

Feedback from care receivers and a care receiver's representative was consistently positive about the staff's approach. Feedback from professionals external to the service highlighted the team's specialist expertise, effective advocacy, excellent communication and commitment to education and collaborative working.

Care records demonstrated comprehensive, person-centred and holistic assessments that reflected the individual wishes, preferences and priorities of care receivers. The multidisciplinary team's specialist skills and compassionate approach were evident throughout care records, professional discussions and during a multi-disciplinary team and a multi-agency meeting that were observed.

The organisation has established systems for incident reporting and review, with evidence that learning from incidents is shared with external health services to promote continuous improvement. In addition, the organisation provides statutory and mandatory training that reflects local legislative requirements, alongside additional specialist training relevant to clinical roles.

There were areas where improvements are required and these relate to staffing levels, training records, notifications to the Commission and ensuring follow-up activities are undertaken as planned.

IMPROVEMENT PLAN

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

Area for Improvement 1 **Ref:** Standard 6.3 Regulation 17 **To be completed:** by 03/12/2026	The Registered Provider must ensure that there are at all times sufficient numbers of competent, experienced care/support workers to meet the care and support needs of people receiving care. **Response by the Registered Provider:** **T**he Registered Provider notes this finding and wishes to clarify that the Statement of Purpose incorrectly states that three Clinical Nurse Specialists (CNSs) and five Living Well Nurses are on duty each day. These figures represent the total nursing establishment employed within the service, not daily staffing levels. With the exception of the staffing incident already notified to the Commission and referenced within the report, the service maintained its minimum safe staffing level of one CNS and one Living Well Nurse at all times. On occasion, the Registered Manager undertook a specialist nursing role as part of business continuity arrangements to maintain safe service delivery. This ensured that minimum staffing levels were met and that the needs of people receiving care continued to be safely supported. As staffing levels remained within the service's agreed minimum operating model, these occasions did not meet the threshold for notification. The Statement of Purpose will be amended to accurately reflect the staffing establishment and operational staffing model.

Area for Improvement 2 **Ref:** Standard 6.5 Regulation 17 **To be completed:** by 03/12/2026	The Registered Provider must maintain accurate and up-to-date records of all training completed by staff. These should include dates, topics, refresher schedules, and competency assessments, and must be available for inspection.
	Response by the Registered Provider: The Registered Provider acknowledges this finding. At the time of inspection, a recently implemented training records system experienced some initial teething issues, resulting in incomplete records. These issues have since been resolved, and all training records have been reviewed and updated. The Registered Provider is satisfied that records are now accurate, up to date, and available for inspection

Area for Improvement 3 **Ref:** Standard 7.2 Regulation 21 **To be completed:** With immediate effect	The Registered Provider must notify the Commission of such incidents, accidents or other events that have posed or may pose a risk of harm as specified by the Commission.
	Response by the Registered Provider: **T**he Registered Provider acknowledges this finding. This relates specifically to the notification of adult deaths. As a community-based service, we are not always the organisation responsible for verifying a death and had previously received advice from the Commission that death notifications were not required. This was due to multiple notifications often being submitted by different providers involved in an individual's care, which had led to discrepancies and inconsistencies in the information received. Following further clarification from the Commission regarding reporting expectations, the service has amended its practice and now submits notifications for all deaths. Appropriate processes are in place to ensure ongoing compliance with notification requirements.

Area for Improvement 4 **Ref:** Standard 6.2 Regulation 8A **To be completed:** With immediate effect	There will be systems in place to ensure that follow up activities, including visits and telephone calls are not missed.
	Response by the Registered Provider: The Registered Provider acknowledges this finding. At the time of inspection, the need for a more formal process to ensure follow-up activities were consistently tracked had already been identified, and revised procedures were being finalised. As a result, these were not available to demonstrate in full during the inspection. Robust systems have now been implemented, including a daily patient tracker that is reviewed and refreshed each day, daily operational meetings to review activity and outstanding actions, and documented processes to ensure follow-up visits and telephone calls are appropriately allocated, monitored, and completed. These measures provide assurance that patients are not missed and that follow-up activity is effectively managed.

To ensure there is clear evidence that the required improvements have been made, the following actions will be taken:

- The Provider must submit written confirmation to the Commission when the areas of improvement have been achieved.
- The Commission will monitor the notifications the service submits.

These actions will be used to track progress, confirm completion, and provide assurance that the necessary improvements have been achieved.

The full report can be accessed from here.