



**Jersey Care
Commission**

INSPECTION REPORT

Specialist Community Palliative Care Team

Home Care Service

**Jersey Hospice Care
Clarkson House
Mont Cochon
St Helier**

16 and 17 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 Jersey Hospice'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). Based on the first floor of JHC's main building in St Helier, this service provides island-wide support, reaching care receivers and their families in their homes, care homes, and the hospital.

Regulated Activity	Home Care Service
Mandatory Conditions of Registration	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
Discretionary Condition of Registration	No Discretionary conditions
Dates of Inspection	16 and 17 October 2024

Times of Inspection	11:00-15:30 and 09:00-12:30
Type of Inspection	Announced
Number of areas for improvement	One
Number of care receivers using the service on the day of the inspection	83

The Home Care service is operated by Jersey Hospice Care and is currently without a Registered Manager. However, an Interim Manager is in place.

In June 2024, the service submitted an absence of manager application, outlining the interim management arrangements until a new Registered Manager is appointed.

The service provides advisory and supportive services, delivering specialised palliative care to adults with advanced, progressive, and life-limiting conditions. The team is based at the hospice and operates from 09:00 to 17:00, Monday to Friday.

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, with no areas of improvement identified.

The service demonstrates robust safety practices in facility management. Fire safety protocols and equipment maintenance adhere to best practices. The service has achieved a four-star rating in food safety, reflecting high standards. Additionally, the senior leadership team reviews health and safety reports monthly to ensure ongoing compliance and continuous improvement.

New clinical governance structures have been introduced to the organisation, providing additional scrutiny to its operations. These structures aim to enhance oversight and ensure greater accountability in the delivery of services.

The service accepts referrals from various healthcare sources, including General Practitioners (GPs) and the general hospital. Referrals are carefully triaged to assess their suitability for the service.

A clear clinical supervision model is in place, supported by a comprehensive policy and procedure. Supervision of the Specialist Nurses is facilitated by the Interim team lead, with the team aiming to participate in sessions at least every eight weeks.

The Interim team lead, in collaboration with the Education Department, oversees team training compliance and progress. They ensure that all mandatory and essential training requirements are met, supporting staff development and maintaining high standards of practice.

This service plays a pivotal role in supporting end-of-life care within the community. Plans are being developed to implement key changes to support the end-of-life strategy, aiming to expand the service's reach across various community settings. This will ensure broader access to effective end-of-life care.

Recent changes within the clinical senior leadership team, have been met with positive feedback from team members. Staff have highlighted the increased availability and support of the Interim Manager, noting that a fresh perspective has been introduced. Team members report that "emerging new initiatives" promote a positive and optimistic environment.

INSPECTION PROCESS

This inspection was announced and notice of the inspection visit was given to the interim manager three working days before the visit. This was to ensure that the interim manager would be available during the visit. The inspection was completed on 16 and 17 October 2024.

The Home Care Standards were referenced throughout the inspection.¹

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

As part of the inspection process, records, including policies, care records, monthly quality assurance reports, patient information leaflets, and human resource employee files, were examined. At the conclusion of the inspection, the Regulation Officer provided feedback to the Interim Manager.

This report outlines our findings and includes areas of good practice identified during the inspection. There were no areas of improvement identified at this inspection.

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

INSPECTION FINDINGS

At the last inspection, no areas for 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 SPCT is a small team where members consistently support each other and benefit from the collaborative involvement of the medical team. Effective communication is key to the function of the service. A daily multi-disciplinary team meeting (MDT) is held to discuss new and existing referrals and their progress. This is complemented by a weekly multidisciplinary meetings and regular caseload reviews. This promotes collaborative working, ensures continuity of care, and enables the team to effectively manage and prioritise workloads.

The senior leadership team recognised that some organisational policies needed to be updated and reviewed. This has been addressed by introducing a Clinical Policy and Procedure Group, which now meets regularly to review and update clinical documents, policies, and guidelines. This group ensures that operational documents are current, aligned with best practice guidelines, and accessible to the workforce. This work supports the delivery of safe, effective, and high-quality care. This is an area of good practice.

The organisation has demonstrated a commitment to safeguarding practices. It has designated safeguarding leads for adults and children, with two leads assigned to each area. Additionally, the lead for Children's Safeguarding, in partnership with the Education Department delivers Level 3 safeguarding training in adults and children to all staff across the organisation, reinforcing knowledge and promoting best practices in this area. The organisation currently does not provide safeguarding supervision to its workforce. However, safeguarding supervision training is scheduled to be introduced for the safeguarding leads in 2025.

The Regulation Officer reviewed the Human Resource (HR) procedures related to safe recruitment practices and found that these practices had been appropriately followed for all recently recruited staff members.

The organisation utilises 'Assure' an electronic incident reporting system, for its safety management processes. This system allows staff to report accidents, incidents, and near misses, and is well-embedded throughout the organisation. Staff members within the SPCT provided feedback indicating that they are familiar with the reporting procedure. The system supports record-keeping, analysis, and safety management, which promotes the organisation's commitment to addressing and mitigating risks.

The organisation provides a Lone Worker Policy to support the safety of community-based team members. Team members maintain up-to-date electronic diaries, ensuring everyone's location is always known. The office serves as a central hub, where the team regularly checks in throughout the day. After completing home visits, team members either return to the office or confirm their safety with the team before finishing work. By adhering to the Lone Worker Policy, the team maintains a culture of safety and accountability.

Is the Service Effective and Responsive?

Assessing the organisation of the service so that care receivers' needs are respected and met.
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The service uses the Gold Standards Framework, a leading evidence-based national program for end-of-life care. This framework provides staff with specialised training, enabling them to deliver a high standard of personalised, integrated care for individuals in the final stages of life.

The service has a robust clinical supervision model embedded within its practices, encompassing both one-to-one and group supervision sessions. The organisations spiritual lead facilitates additional reflective group supervision, ensuring an emotionally supportive approach. The clinical supervision model follows a restorative and resilience approach, promoting reflection, resilience, and professional growth. It provides a structured environment for learning and clinical support tailored to the sensitive and complex nature of the practice delivered by the service. This approach promotes a culture of continuous improvement and emotional well-being, enabling staff to deliver high-quality, compassionate care.

The team demonstrates good compliance with mandatory and essential training requirements, with the Interim team lead maintaining clear oversight through regularly considering attendance data provided by the Education Department.

The organisation delivers an annual core clinical training program that provides a blended approach, combining face-to-face sessions with online learning to enhance the training experience. A key focus of the program is the sensitive and empathetic delivery of care, with specific training modules addressing the specialist requirements of end-of-life care. This comprehensive approach ensures that the team remains skilled, compassionate, and well-prepared to meet the complex needs of the individuals they support.

The team follows a geographical model of working, which aligns with the approach used by other community health services, such as the community nursing team. This model facilitates improved collaboration with other organisations delivering community health services and aims to provide coordinated joined-up support for individuals receiving care.

The organisation promotes a culture of learning and professional development, which is led by the specialist staff and the Education Department. Staff are actively encouraged and supported to enhance their knowledge and skills in the specialist areas of palliative and end-of-life care. This ensures that the right people in the right roles have the required skills and knowledge. The organisation leads the island-wide palliative care education program and is committed to expanding its training resources and expertise. The Education Department plans to extend its offerings to other services in this specialist field, supporting the end-of-life care strategy.

Fire procedures and training are conducted in-house by the Facilities Manager and the Education Department lead, who have completed a 'Train the Trainer' program. This in-house approach has enhanced the content and overall quality of the training, which now includes practical demonstrations on the use of fire extinguishers.

Is the Service Caring?

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

There are well-defined processes for referrals to the service, which are received from various sources, including General Practitioners (GPs), the general hospital, and the community nursing service. Once a referral is accepted, a specialist nurse conducts a holistic health assessment to identify the individual's needs. These findings are then shared with the multidisciplinary team for further discussion. Referrals are addressed within specified timeframes based on the identified needs and preferences of the care receiver.

The service plays an essential role in introducing and supporting advance care planning (ACP) to families who may not have previously considered it until faced with ageing or a serious illness within the family. Recognising that ACP empowers individuals to express their preferences and choices for end-of-life care, the team offers their expertise and compassionate support when presenting this model to individuals and their families, ensuring their wishes are respected and understood.

The service shows commitment to delivering exceptional care and continuously improving quality through feedback from care receivers and their families. Feedback leaflets are readily available, and the organisation has a complaints process to address any concerns or negative experiences. A complaints policy supports this process, ensuring transparency and accountability.

The flexible working policy has received positive feedback from staff, who find it helpful in supporting a healthy work-life balance. It has been particularly beneficial during emergencies or family crises, allowing staff members to prioritise personal matters when needed. Staff have also acknowledged the organisation's effectiveness in maintaining a good balance between work and home life.

The service has developed a workforce well-being strategy aimed at promoting a culture of well-being across all aspects of the organisation. This includes integrating the philosophy into its strategic priorities. The annual staff survey results indicate that key engagement indicators, such as work morale and feeling valued, have improved in most areas compared to the previous year. While the strategy is still in its early stages, it demonstrates a clear commitment to enhancing workforce wellbeing.

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

"The service was very helpful, they signposted me to other services that could help my situation, and I was visited regularly at least every second week."

"I can't fault them, came round regularly, they supported me to get a hospital bed at home."

"They would respond quickly if I requested a visit."

Is the Service Well-Led?

Evaluating the effectiveness of the service leadership and management.

Since the last inspection, the senior leadership for this service has changed. Staff have reported that the Interim manager is highly visible, promotes an open-door policy, and encourages a supportive environment. They also highlighted increased transparency around planned changes and new ways of working, particularly those linked with the end-of-life strategy.

The service is operationally managed by an Interim team lead who is embedded within the team, who maintains strong visibility and effective oversight of the service's operational responsibilities. Senior accountability lies with the Director of Palliative Care Services, who currently serves as the interim manager for the organisation's clinical services. The service operates under a clear standard operating policy, which outlines well-defined lines of accountability for the commissioned service.

The team acknowledges that developments are underway for the service as part of the implementation of the palliative care end-of-life strategy, including the recruitment of new roles within the team. While there is some uncertainty about how these changes will affect their current practices, team members expressed feeling supported by the senior leadership team as they navigate the upcoming transitions.

The service collects valuable data from its electronic recording system to gain detailed insights into quality assurance, enabling an evaluation of compliance with clinical targets and outcomes. This data serves as a valuable resource to support continuous improvement efforts and enhance the quality of care provided.

The service collaborates with hospices in the United Kingdom (UK) to enhance its quality assurance practices, drawing on their experience in audits and outcomes to inform service improvements. This includes learning from areas such as bereavement follow-up, ensuring that care delivery aligns with best practices and addresses the needs of care receivers more effectively. By incorporating this learning the service strives to continuously improve its standards and the overall experience for those it supports.

IMPROVEMENT PLAN

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

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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