



**Jersey Care
Commission**

INSPECTION REPORT

**Specialist Community Palliative Care
Team**

Home Care Service

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

**Inspection Date
15 October 2025**

**Date Published
5 December 2025**

1. THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014 ('the Law'), 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 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

2. ABOUT THE SERVICE

This is a report of the inspection of Specialist Palliative Care Team (SPCT). The Home Care service is operated by Jersey Hospice Care and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Home Care
Mandatory Conditions of Registration	
Type of care	Nursing
Category of care	Specialist Palliative Care
Maximum number of care hours each week	225
Age range of care receivers	18 years and above
Discretionary Conditions of Registration	
The Registered Manager must complete a Level 5 Diploma in Leadership in Health and Social Care Module by 29 September 2028.	
Additional information	
Since the previous inspection, a new manager was registered for the service in September 2025.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration and the discretionary condition required under the Law. The Regulation Officer concluded that all requirements have been met.

3. ABOUT THE INSPECTION

3.1 Inspection Details

This inspection was announced and notice of the inspection was given to the Registered Manager one week before the inspection visit. This was to ensure that the Registered Manager would be available to facilitate the inspection. However, the management team requested that the inspection be postponed to the following week due to service disruption. This was agreed, resulting in a total notice period of two weeks.

The service's Statement of Purpose refers to individuals receiving support as patients; therefore, the same terminology will be used throughout this report to refer to those receiving care from the specialist palliative care team.

Inspection information	Detail
Dates and times of this inspection	15 October 2025 09:00 - 16:00
Number of areas for improvement from this inspection	None
Number of care hours on the week of inspection	75
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	16 and 17 October 2024 None IRSpecialistCommunityPalliativeCareTeam2024.10.17Final.pdf

3.2 Focus for this inspection

This inspection included a focus on these specific new lines of enquiry:

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

4. SUMMARY OF INSPECTION FINDINGS

4.1 Progress against areas for improvement identified at the last inspection

At the last inspection, no areas for improvement were identified.

4.2 Observations and overall findings from this inspection

The inspection was positive, with no areas identified for improvement.

The service now has a newly appointed Registered Manager, reflecting a change in the management model. Each regulated service within the Hospice now has its own Registered Manager. This manager has oversight of both the Community Nurse Specialist (CNS) team and the new Living Well Team, which together form part of the Specialist Palliative Community Team.

The service has introduced Living Well Nurse's (LWN) into the community team to complement Community Nurse Specialists by providing generalist palliative care in the community and hospital. They support patients and families with holistic, physical, emotional, and spiritual needs, and signpost to financial and other external services as required.

The Living Well Team, is available seven days a week from 7.30 am to 8.30 pm. There is an out-of-hours telephone advice line from 5.00 pm to 9.00 am on weekdays and 24 hours over the weekend, operated by the community nurse specialists, and staff grade doctors.

Recruitment files were reviewed and found to meet safe recruitment standards, with well-documented, structured interviews.

The organisation prioritises staff health and well-being through its wellbeing strategy, offering support for workload management, mental health, and emotional support. Staff feedback reflects that their well-being is valued, supported by a holistic wellbeing model designed to aid recruitment and retention.

The staff team meets mandatory training requirements and engages in ongoing education through in-house training, e-learning, and external courses.

The team includes three independent prescribers, and the aim is to train all nurses in this specialist role. Having independent prescribers helps streamline service delivery by enabling timely medication reviews, supporting changes when treatments are not effective, and reducing patient care delays. This is an area of good practice.

5. INSPECTION PROCESS

5.1 How the inspection was undertaken

The Home Care Standards were referenced throughout the inspection.¹

Prior to our inspection visit, all the information held by the Commission about this service was reviewed, including the previous inspection report, reviews of the Statement of Purpose, monthly quality assurance reports, and notification of incidents.

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

¹ All Care Standards can be accessed on the Commission's website at <https://carecommission.ie/>

As part of the inspection process, records including policies, care records, monthly quality assurance reports, incidents and complaints, and human resource employee files, were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up in writing by email on 16 October 2025.

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

5.2 Sources of evidence.

New key lines of enquiry	
Focus	Evidence Reviewed
Is the service safe	Safe recruitment practices Risk assessments Review of notifiable events Health and safety practices Fire procedure records Incident reports
Is the service effective and responsive	Statement of purpose Care records Meeting minutes Patient leaflets Clinical policies and procedure group (CPPG) terms of reference CPPG Minutes of meetings Supervision and appraisal records Training matrix
Is the service caring	Wellbeing strategy Care records Supervision records Discussion with the Registered Manager Staff feedback Feedback from patients and relatives Feedback from professionals
Is the service well-led	Monthly quality assurance reports Policies and procedures Statement of purpose Training Clinical supervision Governance meeting minutes- June 2025

6. INSPECTION FINDINGS

Is the service safe?

People are protected from abuse and avoidable harm.

New staff members complete a structured four-week induction programme. Clinical staff roles include support from the Practice Development Nurse, who delivers mandatory training on the use of syringe driver pumps and drug calculations. Each new staff member is assigned a dedicated mentor for the duration of their induction, and opportunities are provided to spend time with allied professionals from external services, such as the District Nursing Team and Macmillan Nurses.

The team has expanded with the introduction of the LWN team. Effective communication remains key to ensuring smooth service delivery and strong collaboration between the medical and nursing teams. The daily multidisciplinary team meeting, held Monday to Friday, continues to play a vital role in discussing patients and prioritising care based on need. This structured approach enables the team to coordinate effectively and deliver high-quality, responsive care.

The Regulation Officer reviewed recruitment files for all staff members who had joined the service since the previous inspection. Recruitment procedures were robust and met the requirements of safe recruitment standards. Interview processes were well-documented, with interviewers clearly demonstrating their decision-making through structured panel interviews supported by a scoring system.

The service requires all staff members to undergo Disclosure and Barring Service (DBS) checks every three years. Some staff members have registered with the DBS update service, which allows their DBS status to be checked and verified annually. A full three-year DBS renewal is unnecessary for these individuals, as their ongoing suitability is maintained through the update service. This provides an additional safeguard, ensuring the continued suitability and safety of staff members working within the service.

At the time of the inspection, the service had one fixed term full-time nurse vacancy, which the service was in the process of recruiting to. There were several staff absences due to sickness and annual leave. The Registered Manager explained that normal service delivery was temporarily adjusted to accommodate these absences, and contingency plans were activated to ensure continuity of care.

Risk assessments are completed whenever a potential or identified risk to patients is recognised. Staff adhere to the lone worker policy when conducting community visits, ensuring their safety and accountability. They record their planned visits in their electronic diaries, so colleagues are aware of their whereabouts at all times. Where any known risks are associated with a visit, an individual risk assessment is completed, and appropriate measures are implemented to mitigate those risks.

The staff team meets all mandatory training requirements and has the opportunity to participate in a programme of continuous education and training, delivered through in-house sessions, e-learning, and attendance at external courses and events. The in-house training department also supports registered nurses in completing the European Certificate of Essential Palliative Care. The Registered Manager oversees training compliance through a matrix, which tracks each team member's training completion, appraisal dates, and nursing revalidation status.

Is the service effective and responsive?

Care, treatment, and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

The introduction of the Living Well Team has increased overall capacity and enabled the service to operate over a seven-day period. In addition, an out-of-hours telephone advice line is available for health and care professionals working in Jersey. It operates during weekday evenings (Monday to Friday) and provides 24-hour support over the weekend.

There are three independent prescribers within the CNS team, which enables the service to effectively utilise their qualifications to review and advise on medication for patients in the community. This enhances timely access to appropriate treatment and supports continuity of care. The CNS team also liaise closely with general practitioners and the Hospice medical team to discuss and implement any necessary changes to medication regimes. They provide advice on the use of 'just in case' medications to ensure patients' symptoms can be managed promptly and effectively.

The Registered Manager intends to implement bi-monthly staff meetings to enhance communication and team cohesion. A recent staff away day provided an opportunity for open discussion across the team, focusing on recent and upcoming changes, progress with embedding the LWT into the service, overall service performance, and any areas requiring development or adjustment.

The service is currently reviewing its processes for collecting patient and family feedback and involving them in service development. The organisation provides an annual survey, designed to measure family and caregiver satisfaction with the care provided. In addition, the service receives feedback through cards, emails, and verbal communication from patients and their families. The Hospice website also provides a dedicated email address for submitting complaints, concerns, or general feedback, ensuring multiple accessible avenues for engagement.

Electronic records continue to be used to document patient care. The current system is under review, and the service is exploring the development of additional templates to improve data capture. This is intended to make the collection and analysis of information more efficient, supporting the service in monitoring whether key performance indicators for the service are being met.

As part of the island-wide palliative and end of life strategy, the in-house education department has expanded its team and can now deliver a palliative care education programme. This programme offers free palliative care and end-of-life training to healthcare professionals across the island.

Is the service caring?

Care is respectful, compassionate, and dignified. Care meets people's unique needs.

Referrals to the service are assessed and triaged according to need, with each referral measured against established referral criteria. Care is provided to patients in a variety of settings, including their own homes, nursing or residential care homes, hospitals, or other locations.

The health and well-being of staff have been prioritised through the development of the well-being strategy. The organisation recognises that a safe and healthy workforce nurtures resilience and supports its ambition to be seen as an employer of choice, improving staff recruitment and retention. The well-being offer includes initiatives focused on workload management, training and professional development, mental and emotional support, and recognition and appreciation. Feedback from staff indicates that they feel their wellbeing is genuinely valued, with many noting that the organisation goes the extra mile to acknowledge and promote staff well-being. The strategy incorporates a well-being model, which provides a holistic framework that combines all aspects of the organisation's well-being offer.

The Hospice Spiritual Care Lead is available to staff, to provide emotional support, recognising the highly sensitive situations the team encounters in their daily work.

Supervision is offered in a variety of ways, including one-to-one or group clinical supervision, group analysis of complex cases, or informal discussions with colleagues or managers. The service is compliant with formal quarterly supervision, which is delivered using a reflective model that considers an individual's well-being, professional development needs, and overall performance. A supervision contract is in place, and managers are each allocated up to five clinicians to supervise. The Registered Manager receives supervision from the Director of Palliative Care. All supervisors are scheduled to complete formal supervision training in the coming year, enhancing the quality and consistency of support provided.

One of the LWNs is based in the general hospital. Early improvements have been observed in the timely transfer of patients from the hospital to the community and to the Hospice Inpatient Unit. Additionally, discharges are being managed more effectively, with medication documentation now up to date and accompanying the patient when they transfer.

The team is appropriately skilled and qualified to deliver both generalist palliative and end-of-life care across a range of settings. The in-house education team and the Practice Development Nurse support staff in completing additional training if required. Additionally, specific education and training pathways are offered to support career progression in this specialist area.

Care planning begins with a comprehensive holistic needs assessment that captures the patient's health history, along with their emotional and social needs, and those of their family members. The assessment process also identifies any ongoing patient safety concerns, with the option to record alerts or warnings for identified risks.

Advance care planning is integral to this process, ensuring that the patient's preferences and wishes for end-of-life care are clearly documented and respected.

A review of patient records evidenced that care planning is supported by multidisciplinary discussions, regular nurse reviews, and meaningful involvement of family members in decision-making.


Is the service well led?

The leadership, management and governance of the organisation assures delivery of high-quality care, supports learning and innovation, and promotes an open and fair culture.

This service has a new Registered Manager, who brings a wealth of clinical experience. They are currently working with the team to review the new model of working between the LWN team and CNS team. Together, they will refine roles and responsibilities to ensure a cohesive, efficient, and person-centred approach to care delivery.

The service has introduced the LWNs into the community team structure. The LWNs will bridge the gap between the specialist palliative care provided by the Community Nurse Specialists by providing generalist palliative care within the community and the general hospital. Their role focuses on supporting patients and families with their holistic needs, including physical, emotional, and spiritual wellbeing, as well as signposting to financial support and other services requiring input from external organisations and professionals.

Patients will initially be allocated a LWN. If it is identified that a patient requires specialist support, a CNS will be assigned. The CNS will carry out a triage of need and allocate care based on the initial assessment and the patient's identified level of need. Monthly caseload review meetings are held jointly between the CNS and LWN teams to determine the most appropriate ongoing involvement for each patient. This model aims to enable the CNS to focus on higher-acuity patients who require specialist input, including prescribing and complex symptom management, while the LWN provides generalist palliative care support.



Feedback from a professional:

The CNS team, work in partnership to support home-based end-of life care.

The service demonstrates effective collaboration with other health providers that are integral to delivering high-quality palliative and end-of-life care within the community.

In addition, the organisation holds a quarterly multidisciplinary meeting to review morbidity and mortality. They are progressing towards inviting external agencies to participate in the developing end-of-life partnership, further strengthening integrated working and shared learning across the sector.

A range of policies was reviewed as part of the inspection. A small number of policies were found to be past their review dates. The service has a policy and procedure governance group that meets bimonthly to review clinical policies. A senior manager provided figures on policy compliance using a traffic light system, which showed that most clinical policies had either been reviewed and ratified or were in the process. Only a small number were awaiting review. It was noted as positive that there is a clear policy ratification process in place, and that any outstanding reviews are known and actively being addressed.

Incident reports are reviewed by a senior manager, who identifies themes and ensures learning is captured. Over the past year, one theme that emerged related to the use of 'just in case' medications provided for palliative patients in the community. The incidents were low-harm or no-harm and primarily involved storage or prescription chart issues. These cases are discussed at the medicine's safety governance meetings, which cover the two clinical services within the hospice, with learning outcomes disseminated to the wider clinical team to support safe practice.

The organisation has a complaints and concerns process, supported by a formal organisational complaints policy. The website provides a link for patients and their families to give feedback or make a complaint, which can also be done directly through a staff member or manager. The Registered Manager demonstrated how they had followed the complaints process, using an example reviewed by the Regulation Officer. It was recognised that there had been a gap in documenting communication. As a result of this learning, a new process has been implemented to improve the recording of communication, demonstrating the organisation's commitment to reviewing complaints and using them to enhance practice and service delivery.

What a care receiver said:

You cannot underestimate what support Xxx gives to us. We have nothing but praise for her.

What relatives and care givers said:

I don't know how I would have managed without the support of Xxx.

The Nurse Specialist Xxx supports us with so much, including oversight of medication, liaises with the medics on our behalf, and is brilliant at supporting Xxx symptom management.

Xxx is amazing, she visits once every two weeks. She signposted us to local charities which have been so helpful, she also ensures that my Xxxxx remains pain free by reviewing xxx pain and discussing this with the rest

The Nurse Xxx will sit and listen to me, xxx lets me chat, which is so supportive to me. My Xxx also just likes to talk to Xxx about how he is feeling, he feels safe when talking to the Nurse.

Views of some professionals:

I have always found the Hospice SPCT extremely helpful and supportive. I have undertaken joint visits with Xxx and have found Xxx extremely knowledgeable and personable.

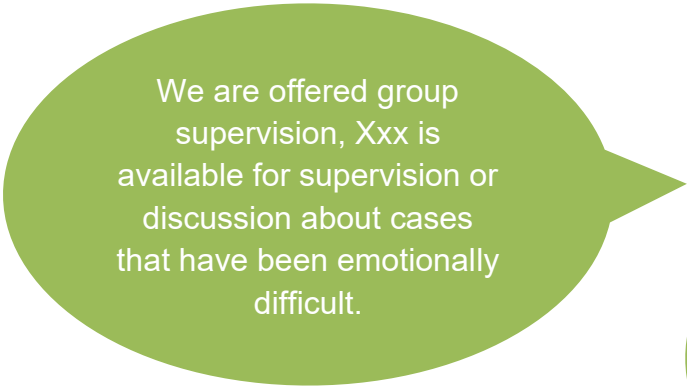
I think the holistic nature of the SPCT is unique in our health system and very much of positive benefit to patients.

They are all very approachable and personable, both the medical and specialist nurse teams.


The care provided to patients, relatives and carers has been exceptional. The level of expert knowledge is excellent and the willingness to share knowledge is great.

The hospital SPCT are always proactive in my requests to review patients and assist with advice on end-of-life care.

What staff members said:



We are offered group supervision, Xxx is available for supervision or discussion about cases that have been emotionally difficult.



The managers have an open-door policy; they are approachable and available.



Since joining the team, I have found the Living Well Team role to be a highly valuable and progressive aspect of the service.

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.



Jersey Care Commission
1st Floor, Capital House
8 Church Street
Jersey JE2 3NN

Tel: 01534 445801

Website: www.carecommission.je

Enquiries: enquiries@carecommission.je