



**Jersey Care  
Commission**

## **INSPECTION 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**

## 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 the Inpatient Unit (IPU). The IPU is operated by Jersey Hospice Care (JHC) and there is a registered manager in place.

Registration Details	Detail
Regulated Activity	Care Home
Mandatory Conditions of Registration	
Type of care	Nursing care
Category of care	Specialist Palliative Care
Maximum number of care receivers	12
Maximum number in receipt of nursing care	12
Age range of care receivers	18 and above
Maximum number of care receivers that can be accommodated in each room	Rooms 1-12 one person
Discretionary Conditions of Registration	
None	
Additional information	
The service now has a registered manager in post, who became registered with the Commission on 3 December 2024.	

As part of the inspection process, the Regulation Officer evaluated the service's compliance with the mandatory conditions of registration 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 visit was given to the Registered Manager three days before the inspection was due. This was to ensure that the Registered Manager would be available during the visit.

One Regulation Officer completed the three days of inspection.

Inspection information	Detail
Dates and times of this inspection	10 September 2025 - 9.00am - 12.15pm 15 September 2025 - 9.00am -1.00pm 18 September 2025 - 8.50am - 1.15pm
Number of areas for improvement from this inspection	None
Number of care receivers accommodated on the day of the inspection	6
Date of previous inspection Areas for improvement noted in 2024 Link to the previous inspection report	17, 21, and 23 October 2024 Two <a href="#">IRInpatientUnitIPU2024.10.23Final.pdf</a>

#### 3.2 Focus for this inspection

This inspection included a focus on the areas for improvement identified at the previous inspection on 17, 21, and 23 October 2024, as well as 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, two areas for improvement were identified, and the Registered Provider submitted an improvement plan to the Commission setting out how these areas would be addressed.

The improvement plan was discussed during this inspection, and it was positive to note that improvements had been made. This means that there was evidence of:

- Robust safe recruitment processes in place, with Disclosure and Barring Service (DBS) checks carried out for all new employees, regardless of any existing DBS certificates from previous employment. This is no longer an area for improvement.
- Improvements in medication management have included the introduction of regular medication audits and more robust incident reporting for drug administration errors.

The previous inspection identified that drug charts were not routinely reviewed by a pharmacist, primarily due to insufficient pharmacy hours to support this standard practice. In response, the service advertised for a pharmacist to increase available hours and appointed a locum pharmacist in the interim, during which time drug chart reviews were initiated. However, the locum pharmacist was only available temporarily, and the service has since been unable to recruit for the permanent post, resulting in these reviews no longer taking place. Recruitment efforts are ongoing, and in the meantime, the service is utilising limited part-time hours from a pharmacist shared with the general hospital.

This will no longer be recorded as an area for improvement, as the service recognises the importance of this practice but is currently unable to implement it fully until a pharmacist is appointed.

## **4.2 Observations and overall findings from this inspection**

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.

## 5. INSPECTION PROCESS

### 5.1 How the inspection was undertaken

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

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, notification of incidents, and the medication inspection report.

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

As part of the inspection process, records including policies, care records, incidents and complaints, and a selection of quality assurance reports were examined.

At the conclusion of the inspection visit, the Regulation Officer provided verbal feedback to the Registered Manager and followed up with written feedback by email on 19 September 2025.

This report sets out our findings and includes any areas of good practice identified during the inspection.

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

## 5.2 Sources of evidence.

Follow up on previous areas for improvement	
Focus	Evidence Reviewed
<b>Safe recruitment</b>	Review of recruitment practices for newly appointed staff since the previous inspection confirmed that standards in this area are being met. This includes the completion of DBS checks for all new employees, irrespective of any existing DBS certificates from previous employment.
<b>Medication management</b>	There have been improvements in medication management, including the implementation of regular medication audits and more robust incident reporting for drug administration errors.
New key lines of enquiry	
Focus	Evidence Reviewed
<b>Is the service safe</b>	Safe recruitment practices Risk assessments Review of notifiable events Health and safety practices (including fire, water management and property maintenance) Medications management Review of previous areas for improvement Fire procedure records
<b>Is the service effective and responsive</b>	Statement of purpose Care records Meeting minutes Supervision and appraisal records Training records Keeping safe preventing fall in hospice poster
<b>Is the service caring</b>	Care records Summary of key achievements Supervision records Discussion with the ward manager Pastoral support Staff feedback
<b>Is the service well-led</b>	Monthly quality assurance reports Policies and procedures Statement of purpose Training Clinical supervision Staff feedback

## 6. INSPECTION FINDINGS

### Is the service safe?

People are protected from abuse and avoidable harm.

The unit has placed increased focus on falls prevention by reviewing and updating falls risk assessments according to GSF scores and care receivers' mobility, while continuing to use the 'Falls Safety Cross' to monitor risk. A previously used movement alarm system, intended to alert staff when a care receiver left their bed, was discontinued after it was determined not to enhance safety. Instead, alternative strategies have been trialled, including enhanced staff checks every 15 minutes for those at high risk of falls and collaborative work with the frailty and falls team from a community nursing provider. A clear and informative poster has been developed to provide practical guidance on fall prevention for care receivers, their families, and staff. Additionally, post-fall audits have been implemented to further support fall prevention and ensure ongoing safety improvements.

Safety risks are continuously assessed throughout each care episode. Care receivers identified as high-risk of falls may be moved to a room closer to the nursing station to allow for closer monitoring and quicker responses. The daily safety huddle provides oversight of falls risk assessments, syringe driver uses and compatibility, delirium, and any signs of infection or pressure wounds.

The Integrated Palliative Care Outcome Scale (IPOS) continues to be used by the team to assess care receivers' symptoms and needs across physical, emotional, social, and spiritual domains. It is revisited whenever there is a change in circumstances, helping to identify and prioritise the care receivers' main concerns.

New staff members complete a two-week induction period, during which they are given time to complete all mandatory training. The practice development practitioner additionally supports those in clinical roles to undertake essential training in the use of syringe drivers and drug calculations. The unit manager works with each individual to set clear, role-specific objectives for their probation period. These objectives consider the person's abilities, skills, experience, and qualifications, and are reviewed and reflected upon at the mid-probation stage.



Medication management has been strengthened through audits, enhanced incident reporting, and pharmacist-led reviews of incidents. Near misses are identified and reported, providing opportunities for learning and improvement.

The staff team are compliant with mandatory training requirements, and the service benefits from access to training and development support through the in-house training department. This enables staff to undertake both face-to-face and online learning opportunities. The training and development team also supports registered nurses on the unit in completing the European Certificate of Essential Palliative Care, with three candidates successfully passing the programme in July 2025.

A robust facilities management team ensures that all aspects of the hospice buildings are maintained to a high standard. This includes fire safety procedures, safe water management, and the upkeep of all facilities. The Facilities Manager commissions an annual independent safety inspection to provide external oversight of the daily checks carried out by the team. Fire safety procedures are implemented thoroughly, with regular unannounced fire drills conducted to ensure that all staff are familiar with and confident in the required procedures.

### **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.
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The service follows the Gold Standards Framework (GSF) to ensure that staff, and the service, provide the highest quality care for individuals with life-limiting conditions and end-of-life care. The unit manager recently led the reintroduction of GSF accreditation for the unit, a goal achieved through the dedication of the entire staff team and the strong, effective management leadership required to secure this recognition. This is an area of good practice.

The unit manager has implemented a daily morning meeting with the catering team to review the GSF status of each care receiver, ensuring that daily meal options and requests are tailored to individual preferences and needs. This initiative has enhanced the catering staff's understanding of the GSF philosophy, helping them appreciate the importance of providing bespoke food choices for care receivers and their families. This is an area of good practice.

The admission process has been revised to ensure that new referrals clearly detail the symptoms and immediate needs of care receivers. Referrals are provided by the Specialist Palliative Care Team and triaged through the daily multidisciplinary team meetings. As this is a new process, it is still being embedded by the team. The unit manager explained that, once fully established, this process will enable the service to monitor data on individuals prioritised for admission and those who do not meet the criteria, supporting the service in ensuring that admissions are prioritised according to need.

The team continues to recognise that family pets are significant to the well-being of some individuals using the service. In response, the service facilitates visits from family pets where appropriate, with each visit carefully risk-assessed and planned to ensure it is safe and enjoyable. The team also ensures that pet products are readily available to meet requests.

Monthly team meetings have highlighted that healthcare assistants (HCAs) do not always have a strong voice in the larger group. In response, the service has introduced a dedicated meeting for HCAs, providing them with a forum to share feedback, learning, and practice ideas.

An effective incident management system is in place, and the management team is increasingly using the data to drive improvements. Audits are conducted to assess the quality of investigations, and the outcomes are beginning to be shared with staff to support learning. For example, the Registered Manager reviews incident themes through audits and uses the findings to implement changes in practice aimed at preventing issues such as pressure wounds and falls.


The unit manager provides strong supervision and appraisal support for each staff member, having revised the existing template to make goals more specific, meaningful, and achievable. Clear objectives enable staff to progress in ways that enhance care delivery while also supporting their personal well-being and professional development.

### **Is the service caring?**

Care is respectful, compassionate, and dignified. Care meets people's unique needs.
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The team gathers information about care receivers from the referral forms, enabling the team to be prepared for their admission. Senior nurses compile a comprehensive history using joint records from the general practitioner (GP) surgery, which is fully handed over to the nursing team. A complete handover of each care receiver is provided to the day team each morning, ensuring consistency and a clear understanding of their changing needs.

The service has recently identified an increase in care receivers being admitted from other healthcare facilities with pressure ulcers, and joint work is underway to improve detection and prevention. The unit manager can access the other healthcare system to check whether these wounds have been reported as incidents and provide feedback if they have not. On admission, all wounds are thoroughly assessed and documented with photographs and measurements, and a care plan is implemented addressing nutrition, mobility, repositioning, hydration, and wound care. If a wound deteriorates while in the unit's care, the team carries out a root cause analysis. For learning, this demonstrates a responsive approach and a strong commitment to preventing and managing pressure wounds.




*There is so much support for us as a family as well, this stood out for me, the care really is holistic for the whole family.*

A strong theme in feedback from relatives was that the team supported not only their loved ones as care receivers but also to the entire family. Relatives reported feeling cared for, listened to, and treated with compassion by the team.

The environment has been enhanced to create a more relaxing and supportive atmosphere for visitors. A new kitchen area with a coffee machine has been installed in the communal corridor, becoming a natural meeting point for families. The management team often connects with relatives in this area, providing opportunities to check in and offer support.

The team strives to provide person-centred care, as demonstrated through the bespoke packages of support they deliver and the careful articulation of care receivers' advance care plans. Dignity and respect are prioritised at all times. The team continuously captures individuals' wishes and feelings throughout their time on the unit. Where preferences change, adjustments are made accordingly. This includes all aspects of care, from meal choices to visiting arrangements and overnight stay options.

Staff wellbeing is a priority, with access to clinical supervision and ongoing opportunities to meet with the spiritual lead for one-to-one or group reflective sessions. These sessions provide staff with a safe space to process the sensitive situations they encounter daily. In addition, structured discussions on practice issues and opportunities to explore advancing practices in this area of specialism are supported.



I work in an environment that can be emotionally and mentally challenging. We are provided with clinical supervision where we can talk to someone privately. I find it a great help and support.

## 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.
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The management team is highly visible and accessible, actively engaging with staff and care receivers and providing leadership and operational oversight of the service. Staff reported that the managers maintain an open-door policy, are approachable, and consistently listen to feedback, often implementing ideas suggested by the team. One staff member commented: *"The dedication and commitment to ensuring great patient care and the well-being of the staff is outstanding. They are a great example to the team as leaders."*

The service has a comprehensive complaints process in place. The management team recognises that care receivers and relatives may sometimes be hesitant to raise concerns due to their gratitude for the care provided. In response, efforts have been made to actively encourage feedback by approaching relatives during their time in the unit and planning to display photos of the management team to make them more approachable for concerns or comments. The service values feedback as an essential learning tool that supports ongoing improvement.

The management team is reviewing and considering adjustments to the care team's shift patterns, considering staff feedback and opportunities to improve service efficiency. They believe that longer day shifts could allow for more breaks between work periods, supporting staff well-being, and promoting consistency of care by ensuring the same staff members are available for care receivers. This demonstrates that the management team has been responsive to both the needs of the staff and the service.

The Registered Manager explained that the service continually reviews its contingency planning to prepare for unforeseen events. Winter planning is currently underway, which is particularly important at this time of year when challenges such as increased admissions and staff sickness are more likely. The contingency plan also includes measures for outbreak management, stock and supply issues, and adverse weather events.

The management team has worked diligently to recruit permanent staff, aiming to provide stability, consistency, and a strong sense of ownership within the unit. As a result of successful appointments over the past few months, the service currently has no nursing vacancies. In addition, there is a dedicated team of permanent bank nurses and health care assistants. The success of the recruitment campaign has been supported by positive word-of-mouth from current staff, strong management relationships within the wider sector, and engagement at hospice events.

The unit remains registered for twelve beds, although currently only eight beds continue to be in use. Staffing levels are appropriately aligned to support these eight beds, ensuring quality care for all residents. The management team is carefully reviewing how best to utilise the remaining four beds within the scope of the service, considering the needs of the population and the wider service provision.

A sample of policies and procedures was reviewed, with some requiring updates. A dedicated clinical policy group is managing this process. Policies have been made available through an internal online system for easier staff access.

## Feedback from relatives:

The team were absolutely amazing there was no way I could fault them.


Nothing was too much trouble and the team assured that we as Xxx family were supported and looked after also.

We were able to stay over with Xxx if we wished to, the facilities were adapted for us to stay in the same room. As a family we were very grateful for this.

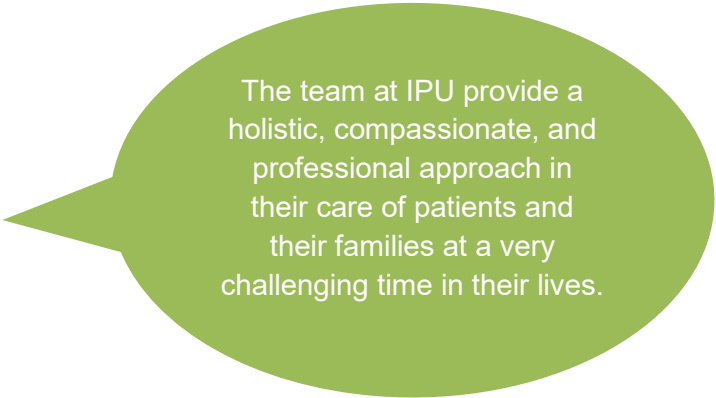
We couldn't believe it when we arrived the first time, how beautiful the site was, and how comfortable and cared for that the team made us feel.

It is the small things that they do, they can't do enough. The team are fantastic, it is a whole team effort, and they deliver true wrap around care.


## Feedback from professionals:



The service works well with our office, they are very helpful, and they provide reports in a timely manner. They are easy to work with, very professional and quick to respond.




The team at IPU provide a holistic, compassionate, and professional approach in their care of patients and their families at a very challenging time in their lives.



They provide emotional and spiritual support to patients and their loved ones as required. They are very responsive, creative and adaptable when working to support patients and their families.



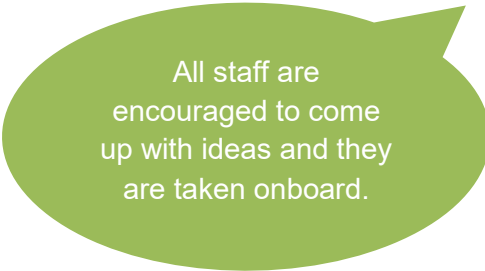
## Feedback from staff members:



It really is an amazing and special place to work, and I feel privileged to be able to make that difference to those who walk through our doors.



We all work together, share ideas and communicate well. It's a friendly and caring environment.



All staff are encouraged to come up with ideas and they are taken onboard.



A comment about the management team:

No matter how busy they are on the unit, they are always so welcoming and very approachable.

## **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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