



Independent Healthcare Inspection (Announced)

Ty Hafan

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2018

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	7
	Quality of patient experience	8
	Delivery of safe and effective care	15
	Quality of management and leadership	21
4.	What next?	25
5.	How we inspect independent services	26
	Appendix A – Summary of concerns resolved during the inspection	27
	Appendix B – Improvement plan	28

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an announced inspection of Ty Hafan children's hospice on 9 and 10 October 2018. This inspection will feed into HIW's wider youth thematic review looking at the care and support they receive when transitioning from paediatric to adult healthcare services.

Our team, for the inspection comprised of two HIW inspectors, one clinical peer reviewers and one lay reviewer. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care.

This is what we found the service did well:

- Staff were highly dedicated and passionate about their roles in caring for children and their families
- Care planning was individualised for each child's needs and preferences
- There was an engaging range of activities and facilities available for children and families to use
- There were arrangements in place to regularly monitor and assess the quality of care
- We found effective multidisciplinary working
- We found that supportive management and leadership was given to the team.

This is what we recommend the service could improve:

- Improve aspects of the environment, including signage of bathrooms/toilets, sluice and medicines rooms, storage space and completion of actions identified in the fire safety order
- Improve aspects of privacy and dignity around the bathroom/toilet doors.

We identified some regulatory breaches during this inspection regarding aspects of environmental risk management. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Ty Hafan is registered with Health Care Inspectorate Wales (HIW) as an independent children's hospice located at Hayes Road, Sully, Vale of Glamorgan.

The service provides accommodation, care and treatment for a maximum of 10 children/young persons under the age of 19 years with life limiting conditions. Accommodation is also available for children's families and siblings within the purpose built facility. The service was first registered on 21 November 2003. Ty Hafan does not charge for its specialist palliative care services.

The service has a staff team which includes registered nurses (who have qualifications in caring for children and palliative care, learning disabilities and adult qualifications), housekeeping staff, play team, senior managers, administrative staff, volunteers, and physiotherapist. Ty Hafan has its own paediatric palliative care consultant with the service being consultant led. Ty Hafan is now also the base for the tertiary paediatric palliative care team from Cardiff and Vale University Health Board.

A range of services are provided at Ty Hafan which include:

- Short break care
- Post surgical convalescence
- Emergency admission and symptom control management
- End of life care and symptom management
- Collaborative working with health and social care partners
- Physiotherapy and occupational therapy
- Hydrotherapy
- Play services
- Music therapy and complementary therapies
- Family and bereavement support.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

Children and their families told us they were happy with the care and treatment received from Ty Hafan. Families told us that staff were kind and caring to them and their children. We saw good interactions between staff and children, and evidence of positive and supportive relationships between staff, children and their families.

Prior to the inspection, we asked the service to distribute HIW questionnaires to parents/representatives of children receiving care at Ty Hafan to obtain views on the care they received. In addition, we asked staff to complete our questionnaires to find out what the working conditions are like, and to understand their views on the quality of care provided to patients at Ty Hafan. In total, we received 26 questionnaires, with 11 completed questionnaires mostly from parents who had completed this on behalf of their child and 15 questionnaires from staff undertaking a range of roles. We also spoke to a range of families and staff during the inspection.

Feedback provided by parents in the questionnaires was very positive; they rated the care and treatment provided as excellent and said staff were kind and sensitive when carrying out care and treatment. Comments from parents and children included:

“We receive an outstanding level of care for our son at Ty Hafan. The staff go out of their way at every level to meet our needs, which is incredibly difficult given how unique each child's condition and family situation is. If we encounter any problems or concerns they have always been dealt with immediately.”

“The service that Ty Hafan gives us is amazing. Not just in the hospice but the outreach service. My son was struggling with his anxiety and the service he received has made it so much easier for him. The difference is amazing.”

“All staff are great, will do anything to make your stay as good as possible. Feel at home when we come and can't fault anything!”

Health promotion, protection and improvement

We saw there were signs in various areas of the hospice environment which prompted everyone to wash their hands and hand sanitizer dispensers were available for staff and people to use to help reduce the spread of bacteria and viruses. All parents strongly agreed in the questionnaires that the service was both clean and tidy.

We saw there was information about protection and prevention from flu viruses and there were 'Keep in Mind' leaflets available for information on reducing home accidents for children.

The hospice has an extensive range of facilities and programmes to enhance the well-being of children and families. There were plenty of toys and educational items available for the children to interact with. Children and families also benefit from access to well maintained gardens and outside spaces, including wheelchair accessible play equipment. The hospice has dedicated play co-ordinators who facilitate a range of music, play and sensory sessions throughout the day. Children and families also have access to a swimming pool for relaxation and hydrotherapy, several activity rooms for arts and crafts and dedicated sensory rooms for children to interact with light and sound. We were also made aware of the toy lending service which provided children with life limiting conditions living in the community with a range of toys for defined periods of time.

Dignity and respect

Children and their parents who we spoke to and who completed our questionnaires agreed that staff were always polite, listened to them and talked to them about their child's care and medical condition. Comments in the questionnaires about the staff included:

“We are so lucky to have such amazing staff to help us. We love it!!”

“The staff at Ty Hafan could not be any more caring, compassionate or professional. They have looked after us as family incredibly well.”

Staff who completed our questionnaires told us that privacy and dignity of patients is always maintained, that children's independence is promoted and children and/or their families are always involved in decisions about their care.

All children who received care and treatment at Ty Hafan are provided with their own individual bedroom. Staff also told us that some of the child's belongings and decorations are kept at Ty Hafan so that their room can be personalised ready for when they arrive for their stay.

Staff were very respectful of the privacy and dignity of children and families and we observed very positive interactions between staff and families/children. Staff also explained how they worked in partnership with parents to sensitively carry out any night time checks on children which may be required as part of their care. We also saw that the environment provided both communal and private areas where children could spend time with staff and their families. Each bedroom had an observation window with curtains which could be closed for privacy. We noticed that some 'do not disturb' signs were also available which could be used for privacy in children's rooms. However, we suggested to staff that these could be made available in all rooms for children and families to use as appropriate.

There were several large communal bathrooms/toilets available for children to use. However, we noticed that improvements were needed to the bathroom doors to ensure privacy and dignity was promoted. This is because we saw the signage on the bathroom doors was small meaning it was not immediately obvious from outside that the room was a bathroom. We also noticed there were no engaged signs on the doors to indicate when the bathroom was in use. It was also not clear whether the bathrooms had been assigned as male, female or multi-gender use.

Improvement needed

The registered provider is required to take action to promote privacy and dignity around the bathroom/toilet doors.

Patient information and consent

We saw there was good information about the range of staff working at Ty Hafan with pictures and names of staff displayed on the wall leading towards the communal area. We also saw there were information boards by the children's rooms displaying the staff on shift and who would be working in the

evening. We noted this as a good way to let children and families know who was caring for them.

We saw the hospice had recently developed a 'family contract' which clearly laid out responsibilities and expectations of families and Ty Hafan staff during their stay. Staff explained they would discuss this information with families to ensure all parties were clear about the arrangements in place to care and support them and their child during their stay. We noted this as good practice, but we also suggested that the hospice consider how this would be agreed with parents who were estranged from each other.

We were told about the arrangements in place to provide children and their families with access to advocacy services, if required. We saw information leaflets on advocacy services were also available in communal areas.

We had a detailed discussion with the senior team around how the hospice considered the wishes and consent of children in their care. We were assured that where possible, children's wishes, preferences and consent would be sought and they would be involved in decisions about their care. The children's parents or representatives would also be involved in care planning discussions as appropriate.

Communicating effectively

We saw there was a Makaton board displayed with signs and symbols to help people and children communicate. We were also told that members of staff could use Makaton to communicate. However, hearing loops, braille were not available to aid communication and staff agreed to address this.

We noticed there were not many clocks around the hospice for children and families to orientate themselves to the time of day. The hospice agreed to consider how they could incorporate appropriate time orientation as part of their planned refurbishment of the building.

We discussed how staff approached difficult and sensitive conversations with children and their families about end of life care and arrangements. We were told that staff receive regular training around this and are supported with this through supervision. Families also have access to a family support worker who is on call to discuss any concerns or wishes at anytime. Staff also explained they understand that during end of life care, families may want to talk about their worries and concerns and make someone available for them to speak with, particularly at night time. We also learned that the hospice provides support for siblings, including after a child's death. We noted these areas as good practice.

Care planning and provision

We looked at sample of patient records in detail and found that care plans were bespoke and reflected children's individual needs. Care plans were developed prior to a child's admission which allowed staff to be made aware of their needs and any equipment required prior to their stay.

We found evidence of family participation in children's care plans and there were both historical and current assessments in place which assisted staff in providing care and treatment.

Children were encouraged to do as much for themselves as possible in accordance with their preferences and abilities. We also saw that the beds and facilities available for each child during their stay had been individualised to meet their specific and differing needs.

In speaking to staff, it was clear they had taken time to know the children in their care very well. We talked to a member of staff who had recently begun caring for a child who was new to them and found that the child's detailed care plan had enabled them to provide care needed.

Overall, we were pleased to see a significant improvement in care planning from our last inspection in 2015.

Transition of young people into adult healthcare services

As HIW is conducting a wider thematic review of young people transitioning from paediatric to adult healthcare services, during our inspection, we discussed the support provided to young people involved with Ty Hafan with senior staff. Staff explained that transition arrangements are typically driven by a young person's education or continuing health care needs. We were told Ty Hafan has a transition worker in place to support young people and families to transition from paediatric to adult health and social care services. Support is provided on a case by case basis and transition arrangements will depend upon a young person's life expectancy and needs. Staff told us that Ty Hafan continue to support young people up to the age of 25 years, excluding residential stays. Ty Hafan facilitates peer support groups for 16 to 25 year olds and the hospice has plans to further develop this by extending the facilities and ways for this group to socialise.

Staff explained that Ty Hafan would mainly provide advocacy support for young people and their families at transition meetings with health and social services and in schools. Staff described they would help young people and families to think about what they may need in terms of support in the future and help them

to communicate this effectively to health and social care professionals. We were told Ty Hafan would also support families in discussions regarding the arrangements for continuing health care needs for young people as well as linking with agencies for independent living and legal advice for power of attorney.

We asked senior staff about the barriers that young people face in transition and they explained that there are different models of care and support in adult services compared to paediatric services. For example, staff described that young people may not be eligible for support from adult palliative care, such as respite care, as the model of care is different. Furthermore, the environment within an adult hospice may not be appropriate to adequately meet the needs of a young person during end of life care. Staff explained these are known issues and they are working with adult hospices to think about different ways of supporting young people in the community or in providing a flexible model of care that would be appropriate for their needs and wishes. Staff also explained that another barrier to young people getting access to appropriate palliative care is because the number of children and young people needing paediatric palliative care is small compared to a much larger population of older adults needing palliative care, particularly with an aging population. Therefore, there is not the same demand for services to provide this type of specialist support.

Equality, diversity and human rights

We were told that Ty Hafan staff receive training in equality and diversity and are sensitive to the different cultures and beliefs of children and families receiving care. We saw there was a multi faith chapel/prayer area with resources available to support this. Staff we spoke to also told us how they are respectful of the child's and families wishes for end of life care and arrangements after a child's death in accordance with their beliefs and values.

Ty Hafan has accommodation available for families, including siblings, to stay with their child. Staff explained that the rooms and facilities are flexible to enable parents to sleep within their child's room, if they wished to do so. There is also a separate flat available for families to stay together. Families are encouraged to spend time together both communally and in private and a range of activity programmes are available to support this.

Citizen engagement and feedback

We found there were a variety of methods for seeking and obtaining views of children and their families on the services provided at Ty Hafan. This was with the intention of ensuring that services provided were meeting their needs. We saw the hospice had recently conducted a service user survey.

We were also told about a question and answer event planned for children and families receiving care through Ty Hafan to update and consult with them regarding service changes. We were also made aware of the involvement of children and their families in the wide variety of social events and activities that took place at the hospice on a regular basis. It was evident in conversations with a range of staff that they were open and responsive to the views and feedback from children and families

We were provided with a copy of the patient guide which was in the process of being updated and found that it provided families with useful information. However, we noticed that not all information regarding how patients/families could make a complaint, gave information about how people could also raise their concerns to HIW, in accordance with the Independent Health Care (Wales) Regulations 2011.

Improvement needed

The registered provider must ensure that the details of Healthcare Inspectorate Wales are included in patient information in relation to raising concerns.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

We found there were arrangements in place to promote safe and effective care to patients.

We saw that the environment was clean and arrangements were in place to prevent cross infection. We identified that improvement was needed to signage and storage at the service. Night-time fire drills also needed to be completed in order to comply with the fire safety order.

Children had their nutritional needs assessed appropriately. An appetising choice of food was available and individual preferences were catered for as much as possible.

We found medicines were safely managed.

We saw evidence that Ty Hafan had different ways to look at how they could make the service better.

We found care records and notes were comprehensive, well organised and contemporaneous.

Managing risk and health and safety

We saw that the hospice was visibly clean, well maintained and fit for purpose. Ty Hafan had extensive refurbishment plans in place for the building, including children and family bedrooms as well as communal areas. We saw the hospice had a range of equipment and toys available to promote care, engagement and comfort of children and families. However, we saw there was limited storage throughout the building for larger items of equipment, such as trolleys and children's chairs which were stored against the walls along corridors and hallways. Although the corridors were spacious, larger items have the potential to block walkways in an emergency situation. We were also unable to locate the general environmental risk assessment for the building during our inspection.

In speaking to staff, we found there was a good understanding of how to manage individual risks associated with patients. We also saw call bells were available in each child's bedroom to alert staff for assistance. We found evidence to show that equipment was serviced and maintained appropriately to help ensure it was safe for use.

We were given assurance by senior staff that the hospice were taking corrective action to address the issues identified in the fire safety order (completed by the Fire and Rescue Authority) in April 2018. However, we found that an evacuation drill had not yet been carried out at night-time as identified within the order. We also identified that fire exits were not well signposted and we advised the hospice to seek the appropriate advice regarding this. We also advised the hospice to improve the prominence of no smoking signs within the building for families and visitors to be aware of.

Improvement needed

The registered provider is required to provide HIW with details of the action taken to:

- Ensure there is an up-to-date environmental risk assessment for the building
- Ensure items of equipment and toys are stored appropriately, to ensure walkways are kept clear
- Ensure all actions identified in the fire safety order are addressed and the prominence and location of fire exit signs is considered.

Infection prevention and control (IPC) and decontamination

We found there was good overall compliance with infection prevention and control arrangements. There were appropriate processes and a number of hand sanitizer units in place to help minimise risks of infection to patients, their families and staff.

We found there were clear daily cleaning schedules in place which were followed by staff to minimise the risk of healthcare associated infections. This included the cleaning of toys, children's rooms, communal areas and equipment. Staff we spoke with had a good knowledge of aspects of infection prevention and control and there was a staff lead for infection prevention and control. We learnt that all bedrooms are deep cleaned between children's stays. We saw hand hygiene audits were regularly completed and any non compliance addressed with staff training.

We noticed that whilst the shower chairs in the bathrooms appeared to be visibly clean and there were cleaning schedules in place, we advised the hospice to consider a type of sign or seal as a way of giving assurance that the chair was clean to use. We also saw that there were some bathroom toiletries left within the bathroom and we advised the hospice to ensure these were taken back to the child's room so there could be no confusion about who the toiletries belonged to.

Nutrition

We found that patients' individual food and fluid needs were assessed and recorded before admission to Ty Hafan. We saw that nutrition was one of the domains of each child's care plan, which included a diet plan and a feeding schedule to be followed. We saw that staff provided children with support to eat and drink and also supported parents to assist their child as appropriate. Staff also told us they were able to receive support and nutritional advice from dieticians as and when necessary.

We were also informed that in instances where children were not able to eat and drink normally (due to swallowing difficulties), this matter was identified from the point of admission and conveyed to all members of the team for safety purposes.

At meal times, children would sit with staff and their families in the communal dining area which created a positive and family atmosphere. We saw that a good choice of appetising food was on offer each day and catering staff explained they would try to accommodate the preferences of individuals and families as much as possible.

We saw that blended food diets were available and prepared by the catering staff upon the request of the child or their family. Staff explained that any requests for a specific blended diet would be signed off by the dietician in order to ensure this met the nutritional needs of the child. We noted this provision of additional choice for children and families as good practice.

Medicines management

Overall, we found that medicines used at Ty Hafan were stored safely and securely within locked cupboards and bedside lockers. We found that controlled drugs, which have strict and well defined management arrangements, were managed safely with appropriate records kept. Medicines requiring refrigeration were being stored in a suitable locked fridge, with temperatures recorded daily to ensure they were being stored at a suitable temperature.

We found that there was a medicines management policy in place which provided staff with guidance as to how they should address this element of care. Support for nursing staff around medication was also available through the GP and consultant cover at the hospice. We were also told that Ty Hafan had plans for a designated pharmacist who would be able to offer help and advice about medicines used.

We looked at a sample of medication administration records. Overall, we saw that these had been completed correctly on each occasion when medication was administered and included the patients' identification details. We observed that staff wore red tabards during times of medication administration in order to alert other staff not to disturb them. This is good practice as a means of reducing the risk of error.

We found there was an emphasis on accurate transfer of information from children's community held records to hospice records. This process (otherwise known as transcribing) was common practice at Ty Hafan. Although there can be risks of errors in transcribing medication information incorrectly which could pose safety risks for patients, we found Ty Hafan had appropriate governance and training around this process to ensure that children received their medication safely. We were told that staff have to be at the hospice for a year before they can transcribe and they are then assessed to ensure competency.

We also noted that Ty Hafan had a medical error framework where patterns in medicines management errors were identified and additional training, supervision and support provided to staff involved. We saw this as good practice and we were told it helped to encourage open and transparent learning from incidents and near misses.

We saw that medication was prepared on a small pull out shelf next to the medicines locker in children's bedrooms. Due to the limited space available, we suggested the hospice also consider the use of medicines preparation trays to assist with the security of medicines whilst they are being prepared and also as another measure of infection control.

Safeguarding children and safeguarding vulnerable adults

We were assured that all staff had received the appropriate level of safeguarding training for their role and responsibilities. We saw the staff training matrix which confirmed that there was 100% compliance with this training. The hospice also had several safeguarding leads. Senior staff demonstrated a good understanding of the safeguarding procedures. They confirmed that advice and support was available to staff from a designated safeguarding team.

We saw the patient information board in the staff office included a safeguarding symbol which would alert staff if there was a safeguarding plan in place for a particular child. Staff told us any safeguarding issues would also be discussed at the staff hand over meeting.

Staff members who completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. The majority of staff who completed our questionnaire told us that they would feel secure raising concerns about unsafe clinical practice, and felt confident that their organisation would address their concerns once reported.

Safe and clinically effective care

We saw that children appeared comfortable and well cared for. Within the sample of patients' care records we saw that evidence based risk assessments and individualised care plans were in place. We also found there were pain care plans and pain charts in place for children to assist with the ongoing monitoring of pain where needed. These helped promote safe and effective care.

We saw a patient information board in the staff office contained up-to-date details about individual children to assist staff when providing care and support. This information was only available for staff to see.

We found that Ty Hafan had medical cover during the week, shared between a group of GPs from a local GP surgery and paediatric palliative care consultants. Staff told us they had access to out of hours support from the paediatric palliative care consultant on call rota access via the University Hospital of Wales switchboard, for advice and support.

Staff also described how the hospice had formed links with secondary care health board paediatric consultants and provided support and advice to children's local GP's about their care and medication. We found there were appropriate arrangements for the safe and rapid transfer of children to University Hospital Wales if required.

Participating in quality improvement activities

We saw evidence that Ty Hafan had different ways to look at how they could make the service better and we found a range of audits were in place. We also saw the hospice had developed and piloted a quality assurance framework aligned to the themes in the National Minimum Standards for Independent Health Care (2011), the NHS Health and Care Standards (2015), the Health and Care Standards Paediatric Audit Questions tool (2015), the 1,000 lives

improvement project (Public Health Wales) and the Nursing and Midwifery Council Code of Conduct. We saw the framework had been developed to cover seven main themes, individual care, dignified care, effective care, safe care, workforce, staff survey and service user survey. Senior managers explained that the regular audits completed at the hospice would feed into this framework in order to identify compliance and any areas for improvement, which would then be developed into an action plan. We noted this as good practice.

Records management

We found care records and notes were comprehensive, well organised and contemporaneous. Records were paper based and kept securely. Historical records were kept in well-organised paper files in a locked area. Medication charts and current nursing notes were kept within individual children's bedrooms. However, we noticed that medication and current nursing notes were kept in a plastic pocket on a clipboard and we felt there was a potential for records to become detached from their files. Arrangements need to be made to address this.

We also saw that entries made by nursing staff were made in a separate set of records to those used by other multidisciplinary staff. The hospice may wish to consider developing multidisciplinary team records to further promote communication between staff.

Improvement needed

The registered provider is required to provide HIW with details of the action taken to review the arrangements for the storage of medication and current nursing notes to ensure records do not become detached or misplaced accidentally.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Overall, we found good management and leadership at the hospice with staff, in general, commenting positively on the support that they received from managers.

The majority of staff told us they were treated fairly at work and that there was an open and supportive culture.

We were pleased to see the improvements that had been made to the service since our last inspection in 2015.

Governance and accountability framework

We found the hospice had an appropriate management structure in place and clear lines of reporting and accountability were described.

The hospice had produced a statement of purpose as required by the regulations. A 'responsible individual' and 'registered manager' had been nominated for supervising the management of the independent hospital. In accordance with the regulations, these individuals held senior positions within the organisation. Discussions with the responsible individual confirmed that they were based at the hospice and had oversight of the day-to-day operation of the hospice and continuing knowledge of the quality of services.

A hospice manager was responsible for the day to day management of the service. We saw that managers and senior nurses in charge were visible and provided direction and support to the staff team. The majority of staff who completed our questionnaire said communication was generally effective between senior management and staff. Staff also said senior managers usually involve staff in important decisions, and usually act on staff feedback. However, we received a few comments from staff who indicated they would like to be more involved in and listened to in decision making by senior managers.

We found the hospice had well established clinical governance committees in place which received and scrutinised information collected by the staff team with regard to service delivery. This was with a view to continually monitoring the quality of treatment and making improvements as far as possible. We were told this committee examined any clinical incidents that arose. It was also used as a forum for considering reports generated by the staff team with ideas for service improvement.

Most staff members that completed a questionnaire told us that the organisation always encourages teamwork and believed that care of patients is the organisation's top priority and that the organisation acts on concerns raised by patients.

Although staff commented that the nature of work at Ty Hafan can be very emotional and stressful at times of high workload, staff members generally agreed that their immediate manager and the organisation takes a positive interest in their health and well-being.

Overall, we were pleased to see the significant improvements made at the service since our last inspection in 2015.

Dealing with concerns and managing incidents

We found there were established processes in place for dealing with concerns and managing incidents at Ty Hafan. There was a formal complaints procedure in place and information on how to make a complaint was noted in the patient's guide and available in leaflet form. We were informed by staff that the number of complaints received about the hospice was low, but we saw evidence that the service acts on concerns and feedback raised. We reviewed a sample of records relating to concerns and incidents and found that these had been dealt with appropriately.

The majority of staff who completed our questionnaire knew that patient experience feedback (e.g. patient surveys) was collected and said that they received regular updates on the patient experience feedback. Staff agreed that patient experience feedback is used to make informed decisions to improve the service.

Most staff who completed our questionnaire agreed that the organisation treats staff who are involved in an error, near miss or incident fairly. Staff also told us that they felt the organisation treats any error, near miss or incident that is reported, confidentially, and that they are given feedback about changes made in response to reported errors, near misses and incidents.

Workforce planning, training and organisational development

At the time of our inspection, nine children and their families were receiving care and support from a sufficient number of staff with appropriate skills. The needs and dependency of each child were assessed prior to admission and used to plan the number of staff and skills required to care for the children. Minimum staffing levels were one registered nursing staff to each patient, but this would be increased depending on each child's needs and dependency. Whilst we did not have concerns about staffing levels on during our inspection, over a third of staff who completed our questionnaire said they were sometimes unable to meet all the conflicting demands on their time at work, and most staff said there is not always enough staff at the organisation to do their job properly. The hospice is advised to consider this issue further with the staff team.

The hospice benefited from a stable staff team and we found that there were suitable arrangements in place to manage unplanned absenteeism, holidays or emergencies (for example, through the use of established bank staff, or agency staff). We saw there was an induction programme in place to support new and temporary staff to familiarise themselves with the service.

We looked at the records of compliance with mandatory training and were pleased to see high compliance rates for staff across all mandatory training. The majority of staff indicated in the questionnaires that they had undertaken a wide range of training or learning and development in the last 12 months which helps them to do their job more effectively and deliver a better service for patients.

The hospice had a lead for education and development. Senior staff told us that there was two weeks of protected training and development time for staff each year. Staff are encouraged to input into this training and bespoke in house training is frequently organised. Senior staff also told us that if there were any themes or patterns emerging from incidents, this would be addressed at the next training session for staff. We noted this as good practice.

Workforce recruitment and employment practices

We looked at a sample of records relating to a range of staff and volunteers at the hospice. We found evidence that staff had been appropriately recruited, including the required pre-employment checks. In all records we reviewed, we found that staff, volunteers, bank and agency workers had appropriate Disclosure and Barring Service checks and photos included within their files. We were pleased to see the improvement in this area from our last inspection in 2015. We also found that staff had recently received new contracts and job

descriptions as part of a review of terms and conditions of employment at Ty Hafan.

The hospice appeared to benefit from a stable workforce where staff turnover and sickness was low. We saw that appropriate information was obtained for any bank and agency workers. Staff explained they would only accept agency workers with the appropriate skills who had undertaken shadow shifts at Ty Hafan, to ensure they were familiar to the service. Senior staff explained that they had access to a small number of agency workers who were known to Ty Hafan. Similarly, bank workers were also regularly known to Ty Hafan and full staff information was kept by human resources.

A whistleblowing policy was in place for staff to raise any concerns in confidence over any aspect of service delivery. We found that appropriate processes were in place in the event of staff raising a concern to ensure this was investigated appropriately.

Just over half of staff who completed our questionnaire said they have had an appraisal in the last 12 months. We saw a sample of annual appraisals which showed these had been completed by staff. Senior managers explained that staff had access to internal and external supervision. Staff we spoke to said they felt well supported in their roles.

We found there was an emphasis on staff well-being, given the sensitive nature of the work at Ty Hafan. Staff explained that a debrief would be held following a child's death and a memorial service would also be held within the hospice for staff to attend.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified on this inspection			

Appendix B – Improvement plan

Service: Ty Hafan

Date of inspection: 9 and 10 October 2018

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The registered provider is required to take action to promote privacy and dignity around the bathroom/toilet doors.	10. Dignity and respect	<p>All signage requirements relating to bathrooms and care areas were reviewed by the senior care management team following the inspection carried out on 9 and 10 October 2018.</p> <p>The service has explored the requirements of signage for the needs of all service users accessing the establishment and has selected the most appropriate signage to promote privacy and dignity and to ensure all abilities and communication needs have been taken into consideration.</p>	Head of Governance and Quality	End of November 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Signage will be implemented within the timescale stipulated as soon the order is fulfilled and includes:</p> <ul style="list-style-type: none"> • Gender specific and gender neutral signs; • Engaged notices; and • Do not disturb signs where required 		
<p>The registered provider must ensure that the details of Healthcare Inspectorate Wales are included on patient information in relation to raising concerns.</p>	<p>5. Citizen engagement and feedback</p>	<p>Signage posters and information in the Organisation’s Patient Guide, which is available to service users and is published on Tŷ Hafan’s website, will be changed to ensure service users are aware that they can contact Health Inspectorate Wales directly to raise concerns with respect to any aspects relating to the Organisation.</p> <p>The parental agreement, a new document accompanying the Patient Guide will also been amended to include HIW contact details.</p> <p>Posters and Leaflets will be updated to ensure HIW contact details are provided</p>	<p>Registered Manager</p>	<p>December 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		with information relating to raising concerns directly to HIW stipulated		
Delivery of safe and effective care				
<p>The registered provider is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> • Ensure there is an up-to-date environmental risk assessment for the building • Ensure items of equipment and toys are stored appropriately, to ensure walkways are kept clear • Ensure all actions identified in the fire safety order are addressed and the prominence and location of fire exit signs is considered. 	<p>22. Managing risk and health and safety</p> <p>12. Environment</p> <p>4. Emergency Planning Arrangements</p>	<ol style="list-style-type: none"> 1. The Environmental risk assessment will be carried out as a Health and Safety action by an Independent external Company. 2. Storage of equipment: <ol style="list-style-type: none"> 2.1 A daily housekeeping review will be undertaken by the housekeeping Coordinator which will include observation of the environment and any safety concerns regarding walkways. 2.2 Ongoing monitoring will be undertaken by middle and senior care management. These will include routine floor 	<p>Health and Safety Officer; Chief Executive Officer; Registered Manager; Senior care management team</p>	<ol style="list-style-type: none"> 1. End of December 2018 2. November 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>walks daily into their duties with the tasks being allocated to the senior on call person for their rostered on-call.</p> <p>2.3 Routine inspections will include observations of walkways and ensure that equipment and toys are stored appropriately at all times.</p> <p>3. A planned night time fire drill will be undertaken on 27 November taking into consideration:</p> <ul style="list-style-type: none"> • Children resident and their needs in order to minimise their anxiety • Staff rostered on duty • Security services present at the time of the night time 		<p>3. November 2018</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>Observations will be taken during the drill and any immediate actions required will be taken.</p> <p>The fire Safety officer will be notified of the fire drill and outcomes and actions that may be identified</p> <p>4. Fire exit signage to be reviewed and improved</p>		4. November 2018
The registered provider is required to provide HIW with details of the action taken to review the arrangements for the storage of medication and current nursing notes to ensure records do not become detached or misplaced accidentally.	20. Records management	A review of the Care Bedroom File for medication management is being undertaken to ascertain the most appropriate file storage to meet the needs of safe and effective medication documentation storage.	Head of Hospice Care Services	December 2018
Quality of management and leadership				
No improvements identified in this area	1 Governance and accountability framework			

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Hayley Humphries

Job role: Head of Governance and Quality, Registered Manager

Date: 19 November 2018