



# **Independent Healthcare Inspection (Un/announced)**

Nightingale House Hospice

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**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 unannounced inspection of Nightingale House Hospice, Wrexham, on 24 and 25 July 2018.

Our team, for the inspection comprised of two HIW inspectors, one clinical peer reviewer 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. However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Provision of patient centred care
- Multi disciplinary approach to the provision of care
- Care assessments and documentation
- Maintaining strong links with the health board
- Well maintained and comfortable environment
- Cohesive management team
- Auditing and clinical governance.

This is what we recommend the service could improve:

- Restructure care plans to reflect person centred approach
- Accessibility to information relating to complaints
- Update complaint audit information on display
- Some aspects of medication management
- Display audit results and record work completed following audits
- Lock doors to maintenance and cleaners' store room when no staff present.

We identified regulatory breaches during this inspection regarding some aspects of medication management and health and safety. 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

Nightingale House Hospice is registered as an independent hospital. The hospice is registered to provide specialist palliative care to persons over the age of 18 years. The maximum number of inpatients who can be accommodated at any one time is 16 and the maximum number of persons who can attend the day hospital at any one time is 15.

Nightingale House Hospice was opened in 1995 and became registered with HIW following the implementation of The Registration of Social Care and Independent Health Care (Wales) Regulations 2002.

The service employs a staff team which includes the Chief Executive Officer (who is also the nominated responsible individual in accordance with The Independent Health Care (Wales) Regulations 2011), doctors, advanced nurse practitioner, nurses, social workers, family support workers, healthcare support workers, staff/managers for quality and education, finance and fundraising, human resource, administration, housekeeping, domestic and maintenance. The hospice is also supported by a team of volunteers, therapists and NHS health professionals. A range of services are provided which include:

- Therapies and treatments, including physiotherapy, palliative care, pain and symptom control
- Emotional support and counselling services, including bereavement and family support
- Spiritual/Chaplaincy support
- Complementary therapy, hydrotherapy, occupational therapy and physiotherapy
- Creative therapy, including arts and crafts
- Out-patient clinic.

Bedroom accommodation was provided within two four bed bays and eight single rooms. There were also three bedrooms rooms set aside for relatives wishing to stay over to be near their loved ones. Work on re-decorating areas of the hospice was on going at the time of the inspection with more substantial

refurbishment work planned for the future when it is envisaged that the four bed bays will be replaced with single occupancy bedrooms.

There were seven patients accommodated at the time of the inspection and around five people attending the day care unit on both days.

HIW previously inspected the service on 15 April 2014. The one area for improvement highlighted during the previous inspection, relating to the formalising of clinical supervision, was followed up during this inspection and confirmed as having been actioned.



## 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.*

Patients and their relatives spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner.

The whole of the hospice environment was well maintained, clean and tidy.

During our inspection we distributed HIW questionnaires and spoke to patients to obtain their views on the standard of care they have received at the setting. In total, we received 14 completed questionnaires; mostly from patients themselves, but some from relatives who had completed a questionnaire on behalf of the patient.

Feedback provided by patients in the questionnaires was very positive; they rated the care and treatment provided at the hospice as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. Comments about the care provided at the hospice included:

*"Compared to hospital it's heaven on wheels. Relief to have staff answering the buzzer and giving you medication when I need it"*

*"Never had to complain. Staff are excellent and always ready to help"*

*"Staff come to check every half an hour. Uses hydrotherapy pool. Very happy here"*

*"Have only been here a few hours and couldn't get over how lovely and peaceful it is here. My husband looked*

*comfortable in bed. All staff have introduced themselves, explaining about the hospice, where we can get refreshments etc"*

### **Health promotion, protection and improvement**

We saw good interactions between staff and patients, with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities.

We found the delivery of care to be person centred, safe and effective, with patients' care, and providing support to their relatives/carers, being the main priorities for the staff.

There were comprehensive policies and procedures in place and these were being reviewed and updated regularly.

There were good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

All patients agreed in the questionnaires that the setting was both clean and tidy.

### **Dignity and respect**

Patients were treated with dignity, respect and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Those patients who needed assistance going to the toilet agreed that staff helped with their needs in a sensitive way so they didn't feel embarrassed or ashamed.

Patients also confirmed in the questionnaires that they always had access to a buzzer, and that staff came to them when they used it.

Patients appeared well cared for, with staff paying specific attention to people's appearance and clothing. We saw that patients were supported to change out

of their nightwear during the day in order to maintain dignity and promote independence.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at Nightingale House. All patients agreed that staff were always polite and listened, both to them and to their friends and family, and told us that staff called them by their preferred name. One patient told us:

*“When you first come here it feels as they already know you, it's very comfortable”*

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

The environment had been thoughtfully designed; rooms were spacious and furnished and decorated to a very good standard. Patients and relatives had access to communal lounge/dining areas, a non-denomination chapel and there were smaller lounge/seating areas for people preferring a more private environment. Relatives could stay overnight, either with the patient or in a designated relatives' room. There was a pleasant, central enclosed garden and outside seating area for patients and visitors to use.

Patients' rooms had en suite shower facilities. The communal bathrooms were spacious and well equipped.

Patients were offered the opportunity to engage in group and/or individual work and therapy.

Throughout the inspection, the environment was quiet, calm and relaxing.

### **Patient information and consent**

Health related information and pamphlets were available in various parts of the hospice. The patient information folder, which was available in Welsh and English, contained information about the services available and the hospice's mission statement and aims. Copies of the patient information folder were made available within each bedroom and are presented to patients on admission into the hospice as part of a welcome pack. The hospice also produced a news letter which contained information about fund raising events and developments.

The hospice has a comprehensive statement of purpose in place which meets the requirements of the regulations in terms of its content.

A Patient Status at a Glance board (PSAG)<sup>1</sup> was located in the nurses' office. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

### Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

All but one of the patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

We were informed that not many patients who use the hospice spoke Welsh. However, arrangements would be made to secure translation services if the need arose. Translation services could also be accessed, if needed, for other patients whose first language was not English.

The hospice did not have a hearing loop facility to assist patients and visitors who have a hearing impairment and we suggested that consideration be given to installing such a facility.

#### Improvement needed

Consideration should be given to installing a hearing loop facility to assist patients and visitors who have a hearing impairment.

### Care planning and provision

The quality of the patients' records we looked at was generally good. We found evidence that comprehensive assessments of care needs were being undertaken and that these were reviewed and updated on a regular basis. Care

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<sup>1</sup> The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

plans were also detailed with regular reviews and updates undertaken. The written evaluations completed by the care staff at the end of each shift were comprehensive and reflective of any changes in the care provided.

The provision of care was clearly based on the specific and varying needs of the patient. However, this approach was not reflected in the generic format of the care planning documentation. Consequently, we recommended that care plans be more person centred in format and written from the perspective of the patient.

Pain was being managed appropriately with formal assessments undertaken, documented and reviewed regularly. Pain management charts were kept with patients' medication administration charts so that they could be referred to and amended at point of administration of pain relieving medication. We saw staff responding in a timely fashion when patients expressed discomfort and requested pain relief.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we found that relatives were being consulted and encouraged to make decisions around care provision.

A multidisciplinary team meeting was held every morning to discuss any changes in patients' care needs. We found that the multi-disciplinary team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse and dietician.

For those patients in receipt of respite care, we found that there were very good discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospice.

The team work in consultation with Betsi Cadwaladr University Health Board palliative care and healthcare professionals. Therefore, staff can access specialist support and advice when necessary, for example from pharmacists and dieticians.

#### Improvement needed

Care plans should be reviewed and amended to be more person centred in format and written from the perspective of the patient.

## Equality, diversity and human rights

We saw that staff provided care in a way that promoted and protected patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms rooms were closed when care was being delivered.

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)<sup>2</sup> assessments were being conducted as and when needed.

Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative.

## Citizen engagement and feedback

The hospice concerns and complaints procedures were referred to in the Statement of Purpose, patient information folder and on the website. These arrangements were consistent with regulations and standards. However, we recommended that the complaint procedure be advertised in a more visible way through the provision of posters in prominent positions within the hospice and through the provision of separate information leaflets detailing how to raise a concern or make a complaint.

We were told by staff that the number of complaints received about the service was very low and that the aim was to resolve issues as quickly as possible at source to prevent escalation.

The hospice is also signed up to the online "iWantGreatCare"<sup>3</sup> system, where comments can be left anonymously. The hospice receives a monthly analysis

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<sup>2</sup> DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

<sup>3</sup> iWantGreatCare is an independent healthcare review organisation, used in line with the All Wales Palliative Care Service, where feedback about healthcare services can be provided confidentially. Feedback can be viewed online via <https://www.iwantgreatcare.org/>

which is then displayed in a prominent position for patients, visitors and staff to see. The information on display at the time of the inspection was found to be out of date and we recommended that more recent results be displayed.

#### Improvement needed

The complaint procedure should be advertised in a more visible way through the provision of posters in prominent positions within the hospice and through the provision of separate information leaflets detailing how to raise a concern or make a complaint.

More up to date information relating to complaints and suggestions received should be placed on display within the hospice to show patients and visitors that complaints are taken seriously and acted upon.

## 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 that the staff team were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The hospice was clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

## Managing risk and health and safety

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients, staff and visitors.

On examination of a sample of patients' care records we found that pressure area risk assessments were being undertaken on admission and were being reviewed on a regular basis. This was also the case in relation to falls risk assessments.

Satisfactory security, on-call and emergency planning arrangements were in place.

The fire alarm system was being tested on a weekly basis and that the fire fighting equipment was being serviced regularly. Portable electrical appliances had been tested as required.

We found that the doors leading to the handyman's workshop and the cleaners' store room were unlocked at times when staff were not present. As these areas were used to store chemicals and tools, they should be locked when not in use to reduce the risk of harm to patients and visitors.



### Improvement needed

Doors leading in to the handyman's workshop and the cleaners' store room should be locked when not in use to reduce the risk of harm to patients and visitors.

### Infection prevention and control (IPC) and decontamination

There was a comprehensive infection control policy in place supported by detailed cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. However, outcomes of such audits were not being displayed within the hospice for patients and visitors to see. We recommended that the results of such audits be displayed in prominent locations within the hospice, or included within the patient information pack, so that patients and visitors can clearly see how the staff are performing in relation to key aspects of the service.

Staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

### Improvement needed

The results of audits should be displayed in prominent locations within the hospice, or included within the patient information pack, so that patients and visitors can clearly see how the staff are performing in relation to key aspects of the service.

### Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospice and reviewed regularly.

Patients had access to fluids with water jugs and drinks available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

We observed lunchtime meals being served and saw staff providing encouragement and support to patients to eat independently.

Where appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care.

All the meals are freshly cooked on site daily (including the meals served in the hospice café) and looked well presented and very appetising. Patients told us that the food was very good.

All patients who completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff.

In addition to the main kitchen, there were small kitchens in the day and in-patient units. These were used by staff to prepare drinks and snacks.

### **Medicines management**

Patients were assessed to identify how much assistance, if any, they required to manage their medication. There was an electronic medication dispensing system in place which was monitored by the pharmacist employed by the health board. Other medication, not stored within the electronic dispenser, was being appropriately stored in lockable cupboards in the treatment room, which could only be accessed by staff using a swipe card.

All staff with responsibilities for medication had been assessed to ensure they were competent with safe medication practices. We looked at a sample of medication administration records and found these had been fully completed. However, we witnessed a member of the nursing staff signing the medication administration chart before administering the medication and another incident whereby a qualified nurse handed medication to a student nurse to give to a patient. The qualified nurse signed the medication administration chart without having witnessed the patient taking the medication.

We found two oxygen cylinders stored behind a chair in one of the lounges within the day care unit. This was brought to the attention of the Governance

and Innovation Manger who took immediate steps to move the cylinders to the designated, external storage facility.

A pharmacist attends the hospice on a weekly basis to audit medication and provide guidance and support to staff.

We found food being stored in a fridge within the medication storage room. Although no medication was stored in the fridge, it is not good practice for staff to store food within clinical areas. We brought this to the attention of the Governance and Clinical Innovation Manager who took steps to have the food items removed to be stored in a more appropriate location.

We were informed that the temperature of the medication storage room was being monitored on a weekly basis, so too the medication storage fridge. However, these checks were not documented. We recommended that a written record be maintained of the medication storage room and medication fridge temperature readings. We also recommended that the temperature of the medication fridge be recorded on a daily basis.

#### Improvement needed

The registered person must take steps to ensure that staff members with responsibility for the administration of medication adhere to the hospice's medication management policy and medication administration standards.

A written record should be maintained of the medication storage room and medication fridge temperature readings. The temperature of the fridge used to store medication should be recorded on a daily basis.

#### Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues at the hospice at the time of the inspection.

#### Blood management

There was a formal blood transfusion policy in place. One of the qualified nurses took a lead role in the management of blood products and had good links with the transfusion service located at the local hospital.

Staff involved in the transfusion process had received training and were regularly assessed to confirm competence.

Blood for transfusion was collected from the local hospital as and when needed with appropriate checks undertaken and records maintained.

### **Medical devices, equipment and diagnostic systems**

The hospice had a range of medical equipment available which was maintained appropriately.

### **Safe and clinically effective care**

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

There was evidence of very good multi disciplinary working between the nursing, medical staff and therapy staff.

### **Information management and communications technology**

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintaining confidentiality.

Through examination of training records, we confirmed that all relevant staff had received training on information governance.

### **Records management**

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, both electronically and in paper format.

Patients' care records were well maintained and the files were laid out in a way which made them easy to navigate.

## 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.*

We found very good management and leadership at the hospice with staff commenting positively on the support that they received from their line managers.

The vast majority of staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

### Governance and accountability framework

There was a clear structure in place to support the hospice governance and management.

There were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

We highlighted the need for the actions taken following audits to be documented. This would provide a formal means of evidencing that any issues requiring attention had been appropriately considered and fully addressed.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place.

We spoke with several staff members and found them to be friendly, approachable and committed to delivering a high standard of care to patients and their relatives/carers.

The responsible individual (Chief Executive Officer) is based in the hospice. This enables him to monitor the service on a regular basis and makes him accessible to staff, patients and relatives. Members of the Board of Trustees visit the hospice on a regular basis and compile reports as required under Regulation 28.

The Trustees had a good overview of the service through their regular visits to the hospice and through the management reporting and escalation processes.

#### Improvement needed

The actions taken following audits should be documented. This would provide a formal means of evidencing that any issues requiring attention had been appropriately considered and fully addressed.

#### Dealing with concerns and managing incidents

As previously mentioned, there were established processes in place for dealing with concerns and managing incidents. There was a formal complaints procedure in place and information on how to make a complaint was noted in the Statement of Purpose, patients' information folder and on the website.

During our inspection, we distributed HIW questionnaires to staff to find out what the working conditions were like, and to understand their views on the quality of care provided to patients at Nightingale House. In total, we received 20 completed questionnaires from staff undertaking a range of roles at the setting.

Staff members who completed a questionnaire told us that the organisation acts on concerns raised by patients.

We reviewed a sample of records relating to concerns and incidents and found that these had been dealt with in line with the hospice's policies.

Almost all staff members who completed a 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 was used to make informed decisions to improve the service.

A few staff members told us in the questionnaires that they have seen errors, near misses or incidents in the last month that could have hurt staff or patients.

The majority of staff who completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and agreed that when they are reported, the organisation would take action to ensure that they do not happen again.

Staff who completed a 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 all but one staff member said that they are given feedback about changes made in response to reported errors, near misses and incidents.

Almost all of the staff said in the questionnaires that they feel that their organisation does not blame or punish people who are involved in errors, near misses or incidents.

Without exception, all staff members who completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. All staff members also told us that they would feel secure raising concerns about unsafe clinical practice and that they would be confident that their organisation would address their concerns.

### **Workforce planning, training and organisational development**

The staffing levels were sufficient in order to meet the care needs of the patients accommodated. Additional staff would be allocated should patients be admitted with high levels of care needs. There was a pool of bank staff that could be called upon to provide additional cover if needed.

Staff were encouraged to access both in house and external training opportunities. Staff had access to computer based, e-learning material.

The hospice employs a Governance and Innovation Manager who was responsible for co-ordinating the review of policies, auditing and staff development. The Governance and Innovation Manager told us that they strive to ensure that staff have access to the training that they need to undertake their duties competently and that they are working towards all staff completing training in mandatory subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, health and safety and safeguarding.

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. This included training in fire safety, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards, dementia and Health & Safety. Other training

for privacy and dignity in the care of older persons had been completed by half of the staff more than 12 months ago.

All staff agreed that the training or learning and development they complete helps them to stay up to date with professional requirements, helps them to do their job more effectively and ensures they deliver a better experience for patients.

All staff members who answered this particular section in the questionnaire said that they have had an appraisal, annual review or development review of their work in the last 12 months. Where appropriate, all of the staff members said that their manager had supported them to receive the training, learning or development opportunities identified.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. The majority of staff members who answered these questions felt that the organisation was always supportive, and that front line professionals who deal with patients are always empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

Staff who completed this set of questions in the questionnaire also told us that they felt that the organisation always had the right information to monitor the quality of care across all clinical interventions and to take swift action when there are shortcomings. Their responses also confirmed that there was a culture of openness and learning with the hospice that supported staff to identify and solve problems.

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

Staff who completed a questionnaire strongly agreed that, if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation, and also agreed that they would recommend the organisation as a place to work.

Staff were asked questions about their immediate manager, and the responses given were positive. Staff members generally agreed that their manager encourages those that work for them to work as a team and said that their manager could be counted on to help them with a difficult task at work.



The majority of staff told us in the questionnaires that their manager always gave clear feedback on their work and said that their manager always asked for their opinion before decisions were made that affected their work. Staff also agreed that their manager was always supportive in a personal crisis.

Staff were asked questions in the questionnaire about their senior managers. The majority of staff members that completed this section of the questionnaire reported that they always knew who the senior managers were in the organisation, and felt that senior managers were always committed to patient care.

Staff told us that communication was generally effective between senior management and staff, and said that senior managers usually involve staff in important decisions, and usually act on staff feedback.

Staff members provided the following comments in the questionnaires about their management team:

*“I have found management very supportive and encouraging. They are very keen for myself to progress within my role”*

*“This is undoubtedly the most supportive team I have worked for and I feel extremely well supported”*

### **Workforce recruitment and employment practices**

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

We looked at ten staff records and found that the hospice had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

We were provided with copies of the staff handbook. The handbook gave very useful information about the hospice, the organisational structure, staff responsibilities, policies and procedures.

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health; the majority of staff members who completed a questionnaire agreed with the statement. Staff members also agreed that their immediate manager takes a positive interest in their health and well-being and that their organisation takes positive action on health and well-being.

Staff members who completed a questionnaire also felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Comments provided by one staff member in the questionnaires suggested that they had personally experienced discrimination at work from their manager or team leader or other work colleagues in the last 12 months. This was brought to the attention of the management team during the feedback session at the end of the inspection. Members of the management team agreed to address this issue.

## 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
We found two oxygen cylinders stored behind a chair in one of the lounges within the day care unit.	This is in contravention of health and safety legislation and presented a risk of explosion in the event of a fire.	This was brought to the attention of the Governance and Innovation Manger.	Immediate steps were taken to move the cylinders to the designated, external storage facility.
We found food being stored in a fridge within the medication storage room.	It is not good practice for staff to store food within clinical areas as this increases the risk of contamination and cross infection.	We brought this to the attention of the Governance and Clinical Innovation Manager.	Immediate steps were taken to remove the food items from the fridge to be stored in a more appropriate location.

## Appendix B – Improvement plan

**Service:** Nightingale House Hospice

**Date of inspection:** 24 and 25 July 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
<b>Quality of the patient experience</b>				
Consideration should be given to installing a hearing loop facility to assist patients and visitors who have a hearing impairment.	Regulation 18. (1) (b) 18. Communicating effectively	A portable hearing loop has been ordered and appropriate signage to inform patients and visitors that it is available. Hearing loop available from 06/09/18.	Tracy Livingstone	Completed
Care plans should be reviewed and amended to be more person centred in format and written from the perspective of the patient.	Regulation 15. (1) 8. Care planning and provision	The continued use of the OACC outcome measures supports the identification of patient goals and priorities of care. Existing care plan documentation will be re-formatted so that the individualised elements of the care plan will be transferred to the front page.	Jane Forbes	6 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The complaint procedure should be advertised in a more visible way through the provision of posters in prominent positions within the hospice and through the provision of separate information leaflets detailing how to raise a concern or make a complaint.	5. Citizen engagement and feedback	Additional Complaints information leaflets have been produced and distributed around the hospice as an interim measure, they will also be designed and printed in the corporate format, poster information will be added by the end of the month.	Tracy Livingstone Head of Hospice Governance	Completed and in place 6 <sup>th</sup> September 2018
More up to date information relating to complaints received should be place on display within the hospice to show patients and visitors that complaints are taken seriously and acted upon.		The hospice have purchased a new display board, which will be fixed in the hospice main corridor. The board will summarise information regarding complaints as well as displaying audit findings and subsequent actions taken for hospice patients and visitors to see.	Tracy Livingstone	1 month
<b>Delivery of safe and effective care</b>				
Doors leading in to the handyman's workshop and the cleaners' store room should be locked when not in use to reduce the risk of harm to patients and visitors.	Regulation 26. (2) (a) 22. Managing risk and health and safety	Doors have been locked and notices placed on the door reminding staff that they must remain locked when unoccupied.	Tracy Livingstone	Action completed
The results of audits should be displayed in prominent locations within the hospice or	13. Infection prevention and	The hospice have purchased a new display board, which will be fixed in the	Tracy Livingstone	1 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
included within the patient information pack so that patients and visitors can clearly see how the staff are performing in relation to key aspects of the service.	control (IPC) and decontamination	hospice main corridor. The board will summarise information regarding complaints as well as displaying audit findings and subsequent actions taken for hospice patients and visitors.		
The registered person must take steps to ensure that staff members with responsibility for the administration of medication adhere to the hospice's medication management policy and medication administration standards.	Regulation 15. (5) (a) (b) 15. Medicines management	Information on inspection findings shared with team to re-emphasise line of sight in medicines administration with immediate effect. Practice development nurse and nurse prescribers tasked with developing a new mandatory training session in relation to medicines management to included standard operating procedures supporting medicines management policy – training to be developed and implemented from January 2019.	Jane Forbes	6 months
A written record should be maintained of the medication storage room and medication fridge temperature readings. The temperature of the fridge used to store medication should be recorded on a daily basis.		Medication fridge temperatures are monitored automatically as part of the automated dispensing system and alarms if outside of accepted parameters. Room temperature records are now in place with room temperature	Jane Forbes	1 month



Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		monitored weekly.		
<b>Quality of management and leadership</b>				
The actions taken following audits should be documented. This would provide a formal means of evidencing that any issues requiring attention had been appropriately considered and fully addressed.	1 Governance and accountability framework	Audit findings and actions taken will be displayed on the notice board on the main corridor, the audit register will be amended to include outcomes and actions.	Tracy Livingstone	1 month

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): Jane Forbes**

**Job role: Registered Manager**

**Date: 12/09/2018**