



Independent Healthcare Inspection (Announced)

TY Gobaith Children's Hospice

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2018

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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 announced inspection of Ty Gobaith Children's Hospice on 9 and 10 October 2018.

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

- Quality of the environment and equipment
- Staff interaction with patients
- Personalised provision of care through person centred care plans
- Family support
- Management overview and visible management team
- Staff support and supervision
- Auditing and reporting systems

This is what we recommend the service could improve:

- Display complaint information
- Some aspects of medication management
- Co-location of resuscitation equipment
- Infection control training for lead nurse
- Display audit results

We identified regulatory breaches during this inspection regarding medication 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 Gobaith Hospice, Tremorfa Lane, Groesynydd, Conwy, was first registered as an independent hospital in 2004. The hospice is registered to provide specialist palliative care to children and young people from new born to the age of 25 years. The maximum number of patients who can be accommodated at any one time is five. The registered provider is Hope House Children's Hospices, based at Hope House, Nant Lane, Morda, Shropshire.

The hospice is a purpose built facility, located in a rural area, standing in its own well maintained grounds. The hospice benefits from panoramic views of the Conwy Estuary and surrounding countryside. There is good access to all areas of the grounds and external play areas to enable the children, young people, and their families to enjoy the facilities.

The service employs a staff team which includes the Chief Executive Officer, Director of Care (who is also the nominated responsible individual in accordance with The Independent Health Care (Wales) Regulations 2011), a registered manager, nurses, healthcare support workers, social worker, finance and fundraising, human resource, administration, housekeeping, domestic and maintenance staff. 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 palliative care, pain and symptom control
- Emotional support and counselling services, including bereavement and family support
- Creative, music and play therapy
- Outreach services

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.

Parents/guardians spoken with during the course of the inspection expressed satisfaction with the care and treatment provided at Ty Gobaith. They told us that staff were kind and caring. We observed very positive 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 the inspection we distributed HIW questionnaires and spoke to patients and their carers to obtain their views on the standard of care they have received at the setting. In total, we received 16 completed questionnaires, some from patients, but mostly from parents that had completed a questionnaire on behalf of their child.

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

"This place is good, it's not home but it's got a lot of cool stuff"

"Ty Gobaith is an amazing service and we would be lost without it"

"The care and treatment from Ty Gobaith has been, and is, amazing. A wonderful place for the children to come and relax and you know they are safe and happy when you are not there"

Health promotion, protection and improvement

We saw very good interactions between staff and patients, with staff attending to the needs of patients 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 found the delivery of care to be person centred, safe and effective, with patients' care, and providing support to their relatives/guardians, 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, bedrooms and grounds were clean, tidy and well maintained. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

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 appeared well cared for, with staff paying specific attention to their appearance and clothing.

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, and there were smaller lounge/seating areas for people preferring a more private environment. Relatives could stay overnight in one of three designated and well furnished family rooms.

Patients' rooms had access to toilet and bathing facilities with fixed ceiling hoists to aid transfer. All the bathrooms were spacious and well equipped.

In addition, patients had access to:

- teenager's/young person's lounge, specifically designed to meet the needs of older patients

- multisensory room
- therapy room which is used flexibly, accommodating physiotherapy as well as complementary therapies such as massage and music therapy
- play room for arts and crafts
- water and sand play
- computer room with personal computers, games consoles, iPads, play stations and controlled internet access
- counselling room and a room suitable for group work
- small parents lounge leading on to a designated outside smoking shelter.

The hospice also has a special bedroom called the Snowflake Suite. This facility is to allow the child/young person to lie, after death, in peaceful surroundings and to afford his/her family and friends the opportunity to say their goodbyes in their own time and in their own way. There is also a tranquil garden which provides a private space for bereaved families to use.

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

Photographs of current and past patients were displayed on the walls of the main corridor. This has been done with the consent of the patients and/or their parents/guardians. We advised that the posting of photographs be regularly reviewed so as to ensure that the practice is in line with the wishes of patients and their parents/guardians and that they, and visitors to the hospice, are not upset by the practice.

Patient information and consent

Health related information and pamphlets were available in various parts of the hospice.

The hospice also produced a news letter which contained information about fund raising events and developments.

The hospice has a comprehensive statement of purpose and patient guide in place which meets the requirements of the regulations in terms of its content. The statement of purpose was in the process of being reviewed at the time of the inspection.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients in a calm, friendly and cheerful manner. Staff were observed communicating with patients in an encouraging and inclusive manner.

Many of the patients who use the hospice spoke Welsh. Many of the staff also spoke Welsh which aided communication and meant that patients, whenever possible, were able to receive a service in a language of their choice.

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 to aid communication.

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 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.

We suggested that charts be introduced to record when patients are being turned or having their position changed. This would make it easier for staff to monitor position changes and would in turn further reduce the risk of patients developing pressure ulcers.

We also recommended that an assessment tool be introduced to aid in the timely detection and treatment of sepsis¹.

The provision of care was clearly based on the specific and varying needs of the patient. This approach was reflected in the individual, person centred format of the care planning and review documentation.

Patients were involved in the planning and provision of their own care, as far as was possible. Where this was not possible then parents/guardians were being consulted and encouraged to make decisions around care provision.

There was a multidisciplinary approach to the provision of care with good communication processes in place. 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 speech and language therapists and dietician.

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

Improvement needed

Charts should be introduced to record when patients are being turned or having their position changed.

An assessment tool should be introduced to aid in the timely detection and treatment of sepsis.

Equality, diversity and human rights

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

¹ Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury.

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)² assessments were being conducted as and when needed in relation to young people over the age of 18 years.

Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient and/or their parents/guardian.

Citizen engagement and feedback

The hospice concerns and complaints procedures were referred to in the Statement of Purpose, Patients' Guide 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.

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.

There was a comments box located in the main entrance lobby. Paper slips were also available for people to express their views or suggest ways to improve the service.

Improvement needed

The complaint procedure should be advertised in a more visible way through the provision of posters in prominent positions within the hospice.

² 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.

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 assist in the transfer of patients.

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 were informed by the registered manager that consideration was being given to replacing the wooden decking in the outside seating/ play area to reduce the risk of slips and falls. In the meantime, were assured that the

decking would be regularly assessed and cleaned to reduce any risk to patients, visitors and staff.

Infection prevention and control (IPC) and decontamination

Everyone who completed a questionnaire agreed that the setting was both clean and tidy. Comments in the questionnaires included:

“Ty Gobaith is always spotless when we visit and the patient’s room is always cleaned and tidy whilst we are there”

“We have always found Ty Gobaith to be very clean and tidy and in all the years we have never had cause to complain”

There was a comprehensive infection control policy in place. One of the nurses was designated as infection control lead for the hospice. The nurse had received some training on the subject but felt that she would benefit from further, more up to date training.

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 visitors be made aware of the results of such audits so that they 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 infection prevention and control lead nurse should be provided with up to date training commensurate with her role and responsibilities.

Outcomes of audits should be displayed within the hospice for patients and visitors to see how the staff are performing in relation to key aspects of the service.

Nutrition

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

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 staff providing encouragement and support to patients to eat independently.

All the meals are freshly cooked on site.

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

Medicines management

Patients were assessed to identify how much assistance, if any, they required to manage their medication. Medication was being appropriately stored in lockable cupboards in the treatment room.

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

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 to be generally well maintained. However, we found examples where staff members had not signed the chart following the administration of medication.

Patient identification wrist bands are not routinely used within the hospice with staff either verbally checking the patient's identity with the patient themselves or a parent, if in attendance, or by means of a photograph of the patient kept with the medication administration charts. We advised that this practice be regularly monitored and reviewed to ensure that it is considered safe and in line with published good practice guidelines. The hospice's medication administration policies and procedures should also be reviewed to ensure that they accurately reflect the process.

We found that regular checks were being undertaken on the resuscitation equipment to ensure that it was all in date and safe to use. However, we found that the resuscitation equipment was not all kept in the same location. This

meant that staff, in the event of an emergency, had to collect the equipment from 2 locations within the hospice which could delay the response and place the patient at risk. We recommended that the storage arrangements be reviewed and that all resuscitation equipment be stored in the same location, preferably in an easy to carry grab bag.

Improvement needed

Staff members must sign the medication charts at immediately after administering medication.

The patient identification check process, prior to the administration of medication, must be regularly monitored and reviewed to ensure that it is considered safe and in line with published good practice guidelines. The hospice's medication administration policies and procedures should also be reviewed to ensure that they accurately reflect the process.

Resuscitation equipment and drugs should be stored in the same location, preferably in an easy to carry grab bag, to avoid unnecessary delay in responding to emergencies.

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.

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment available which was in good condition and 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 was 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.

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.

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 (Director of Care) is based in Hope House but visits Ty Gobaith on a weekly basis. This enables her to monitor the service on a regular basis and makes her accessible to staff, patients and relatives.

Members of the Board of Trustees also visit the hospice on a regular basis.

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

We were satisfied with the level of oversight of the service by members of the senior management team and board of trustees. However, we highlighted the need for the registered person to ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the hospice and the production and sharing of reports following such visits.

Improvement needed

The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the hospice and the production of reports following such visits.

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' Guide and on the website.

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.

Workforce planning, training and organisational development

During our inspection we spoke, and distributed HIW questionnaires, to staff to find out what the working conditions are like, and to understand their views on the quality of care provided to patients at Ty Gobaith. In total, we received 15 completed questionnaires from staff undertaking a range of roles at the setting.

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 and Health & Safety.

All staff who completed a questionnaire generally 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 service for patients.

Almost 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, staff members said that their manager had supported them to receive the training, learning or development opportunities identified during these meetings. Comments from staff members included:

“I am able to request training if I find something I believe would be beneficial and the organisation is generally very supportive of this”

“We all feel very lucky to work for this charity. We are given training and time & support to complete our competencies”

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. Almost all staff who answered these questions said that at Ty Gobaith, patients' privacy and dignity is always maintained, that patient independence is promoted and that patients and/or their relatives are always involved in decisions about their care. The majority of staff also told us they were always or usually satisfied with the quality of care they give to patients. One staff member provided the following comment in the questionnaire:

“The children and families that we and myself support are always my and the organisation's first priority”

A large proportion of staff members who completed a questionnaire told us that they were sometimes unable to meet all the conflicting demands on their time at work, but did say that there is enough staff at the organisation to do their job properly.

Staff who completed a questionnaire felt that they had access to adequate materials, supplies and equipment to do their work and said that they were able to make suggestions to improve the work of their team or department. Some staff members, however, felt that they weren't often involved in deciding on changes introduced that affects their work area, team or department.

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 is 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 generally agreed that the organisation always has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings, and that there is a culture of openness and learning with the organisation that supports 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 is the organisation's top priority and that the organisation acts on concerns raised by patients.

All staff who completed a questionnaire 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.

Almost all staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected, and over half the staff said that they received regular updates on the patient experience feedback. Staff also agreed that patient experience feedback is used to make informed decisions within the hospice.

Inspection of staff rotas showed that 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 training manager who was responsible for co-ordinating the review of policies, auditing and staff development.

Children and their parents were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at Ty Gobaith. Where appropriate, everyone agreed that staff were always polite and listened to them, and agreed that staff have talked about their medical conditions and helped them to understand them. Comments in the questionnaires about the staff included:

“The staff in Ty Gobaith are always approachable and helpful. They maintain their professionalism and are supportive to both patient and carers”

“I always feel safe leaving my son at Ty Gobaith and do not worry that his care needs are not being met”

“We have always found the staff to be friendly, polite and professional”

Workforce recruitment and employment practices

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

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

Staff were asked questions in the questionnaire about their immediate manager, and the responses given were positive. Staff members 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 gives clear feedback on their work and said that their manager asks for their opinion before decisions were made that affect their work. Most staff also agreed that their manager was always supportive in a personal crisis.

Some staff members provided the following comments in the questionnaires about their managers:

“I have always been supported both personally and professionally. This has enabled me to have a work life balance in order for me to give 100% commitment to all that I do”

“I feel that management is supportive, encouraging and reliable. I am given feedback on my work in a constructive and respectful manner. I always feel that I have support from my manager when needed”

Staff were asked questions in the questionnaire about their senior managers. The majority of staff members who 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 usually effective between senior management and staff, and said that senior managers mostly involve staff in important decisions, and act on staff feedback. Staff member comments included:

"I have valued the visible presence of senior managers from our sister hospice over the last few weeks. It has been good to have the opportunity to interact face to face rather than by email/telephone. I hope that this presence continues in the longer term"

"Sometimes we don't always get to hear stuff and information that goes on between hospices and from senior management to staff"

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. A similar proportion of staff members also said 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 comments in the questionnaires included:

"I feel well supported as far as my own wellbeing is concerned. Debrief, clinical supervision, counselling and peer support are valued and encouraged"

"Mixture of shifts - days, nights, long days etc. Quick turn over from nights to days are very tiring and draining"

One staff member indicated in the questionnaires that they had seen an error, near miss or incident in the last month that could have hurt staff.

Where applicable, 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. Some staff members commented:

"I feel empowered to voice concerns and feel confident that they are acted upon appropriately. Service users are encouraged to make suggestions/give feedback and I feel this is acted upon"

“We don't tend to be given feedback regarding near misses, be them on the care side or admin side if any ever occur”

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

Just under half of the staff who completed a questionnaire said that they feel that their organisation does not blame or punish people who are involved in errors, near misses or incidents.

All but one of the 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 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. One staff member commented:

“We are encouraged to complete medical and non-medical incident forms to any incident that may cause injury or harm. This is a no blame learning experience for every member of staff to use”

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.

Improvement needed

The registered persons should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

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 during this inspection.			

Appendix B – Improvement plan

Service: Ty Gobaith Children's Hospice

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				
Charts should be introduced to record when patients are being turned or having their position changed. This would make it easier for staff to monitor position changes and would in turn further reduce the risk of patients developing pressure ulcers.	8. Care Planning and Provision	1)A turning/Repositioning chart has been devised 2) Our Risk assessment has been altered to direct use of the new chart 3)Use of the chart will be introduced to the care team at team meeting 11/12/18	Ann Williams	1) Complete 2) Complete 3) 11/12/18
An assessment tool should be introduced to aid in the timely detection and treatment of sepsis.		1)a senior nurse identified to lead on project 2) Source a poster explaining symptoms	Kate Jones	1) Complete 2) 14/12/18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>of sepsis from UK Sepsis Trust (ordered 06/12/18),display poster in clinical room and nursing office when received</p> <p>3) Research assessment tools available and chose appropriate one for Ty Gobaith.</p> <p>4) 4 month Pilot of tool and collect comments from Nurses and HCAs</p> <p>5) At end o Pilot tool to be ratified at Clinical policy Panel</p>		<p>3) 05/01/19</p> <p>4) May 2019</p> <p>5) June 2019</p>
<p>Consideration should be given to installing a hearing loop facility to assist patients and visitors who have a hearing impairment.</p>	<p>Regulation 18. (1) (b)</p> <p>18. Communicatin g effectively</p>	<ul style="list-style-type: none"> • This has been considered and currently we have no clients or employees identified who would benefit from this. • A hearing loop or other appropriate communication tool will be considered and purchased whenever an employee, potential employee or client need is identified 	<p>Ann Williams/Head of Care</p>	<p>Complete but ongoing</p>
<p>The complaint procedure should be advertised in a more visible way through the provision of</p>	<p>5. Citizen engagement</p>	<p>A 3 C's poster has been produced in both English and Welsh pointing families</p>	<p>Ann Williams</p>	<p>Complete</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
posters in prominent positions within the hospice.	and feedback 23. Dealing with Concerns and managing Incidents	and visitors to how to make a complaint, compliment or comments		
Delivery of safe and effective care				
The infection prevention and control lead nurse should be provided with up to date commensurate with her role and responsibilities.	Regulation (7) and (8) 13. Infection Prevention and Control (IPC) and Decontamination	1) research and identify appropriate and relevant further Infection Control Training 2) Attend further training	Dawn Lowe, lead nurse in infection Control and Head of Care	1) By 10/01/19 2) complete before end 2019
Outcomes of audits should be displayed within the hospice for patients and visitors to see how the staff are performing in relation to key aspects of the service.		A second poster has been produced(both in English and Welsh) which signposts families and visitors to an information file they can access which includes:- Statement of Purpose, Processes for Health and Safety, HIW Inspection Report, Summary of Infection Control, Admission Policy and Appeals process, Complaints policy and procedure, Audits and results ,Accessing any of our services and	Ann Williams	Complete

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Catering Arrangements		
Staff members must sign the medication charts at immediately after administering medication.	Regulation 9 (1) (m) and 15 (5) (a) and (b) 15. Medication Management	1) All Nurses and HCAs have been reminded of this in Information log. 2) Agenda item on next team meeting 11/12/18) 3) SOP being modified will be ratified at next Medicine Management Meeting 18/12/18	Ann Williams Gwyn Morgan Ann Williams	Complete 11/12/18 18/12/18
The patient identification check process, prior to the administration of medication, must be regularly monitored and reviewed to ensure that it is considered safe and in line with published good practice guidelines. The hospice's medication administration policies and procedures should also be reviewed to ensure that they accurately reflect the process.		Procedure altered to ensure that a child's photograph is updated in their files every 12 months and old ones replaced	Karen Wright	Complete
Resuscitation equipment and drugs should be stored in the same location, preferably in an easy to carry grab bag, to avoid unnecessary delay in responding to emergencies.		1) Best location for emergency equipment and information about appropriate holder/bag advise sought, visiting Ty Gobaith 13/12/18from BCUHB	Ann Williams	13/12/18

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		Resuscitation training Team 2) Following the above visit we will purchase appropriate holder and relocate after receiving expert advice		21/12/18
Quality of management and leadership				
The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the hospice and the production of reports following such visits.	Regulation 28 1. Governance and accountability framework	1) A pro forma is being devised for the use of Trustees at their visit 2) A report will be sent to HIW using the pro-forma on a 6 monthly basis	Ann Williams Karen Wright	13/12/18 By April 2019
The registered persons should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.	Regulation 19. (2) (e) 24. Workforce recruitment and employment practices	As an organisation we continually strive to improve communication with the Team. We will:- 1) Change our weekly rapid review meeting to a full MDT meeting and any care team member available can attend or request an item to be discussed if appropriate.	Gwyn Morgan Phillipa Harris	January 2019 January2019

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>2) The Business and IT personnel will from next year have a regular presence at Ty Gobaith so that individuals can drop in for advise.</p> <p>3) The informal trustees visit will produce a report which will include time to discuss any issues with individual staff members and children and families present. The report will include The managers response and will be sent to HIW plus displayed for staff to access.</p> <p>4) Anonymous summery report produced quarterly of Health and safety incidents, and Medicine management incident will be changed to include a section for "learning/changes post incidents. These will be displayed for the care team.</p>		

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): Ann Williams

Job role: Head of Care

Date: 06/12/18