

Independent Healthcare Inspection (Unannounced)

St David's Hospice, Newport

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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 receive good quality healthcare.

Our values

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

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 St David's Hospice, Newport, on 11 and 12 December 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

We found evidence that the service provided safe and effective care, with staff supporting patients in a dignified and respectful manner.

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

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

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

We found good management and leadership at the hospice.

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:

- Person centred care
- Patient and carer involvement in care planning
- Family support
- Multidisciplinary working
- Well maintained and welcoming environment
- Clinical auditing

This is what we recommend the service could improve:

- Some aspects of record keeping
- Update care plans more frequently
- Some aspects of staff training

We identified regulatory breaches during this inspection regarding care planning and assessment, infection control and managing risk. 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

St David's Hospice Foundation Care, is registered to provide specialist in-patient palliative care services at St David's Hospice, Blackett Avenue, Newport. The hospice was first registered on 21 June 2017, and provides care to persons over the age of 18 living within the unitary authorities of Caerphilly, Monmouthshire, Newport, Torfaen and South/Mid Powys.

The hospice has a total of 13 Consultant managed beds and two General Practitioner managed respite beds.

The service employs a staff team which includes registered nurses, health care assistants, a social worker, occupational therapist, physiotherapist, pharmacist and administrative staff. Medical services are provided by a consultant in palliative medicine and specialist staff grade doctors employed by the Aneurin Bevan University Health Board.

A range of services are provided which include:

- Specialist in-patient palliative care for patients facing progressive life-threatening illness
- Bereavement support for adults including counselling, group work, peer support and Light up Life¹ remembrance
- Unicorn bereavement support for children and their parents/guardians whatever the cause of bereavement services
- 24/7 end of life and palliative care information and advice for professionals, patients and families

¹ Light Up a Life is a series of special events that take place around the UK during November and December each year. The events are organised by hospices to help families and friends to come together to remember and celebrate the lives of loved ones.

- Internal and external training programmes on a local and national level

The organisation also operates a day care centre and a home care service.

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 and their families to obtain their views on the standard of care they have received at the setting. In total, we received five completed questionnaires.

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

“Overall everything is excellent and have no complaints. Even at night care is still timely and organised by staff on duty”

“Excellent service, bathrooms are great. Have moved room a few times but always the same high standard in each room”

“The service is very good and I have been treated very well since my admission from the Gwent”

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 that the delivery of care was safe and effective, where patients' care and providing support to their relatives/carers, were the main priorities for the staff.

Policies and procedures had been reviewed and updated as recommended during the last inspection. We found the policies and procedures to be comprehensive and based on current clinical guidelines. We recommended that staff sign to show that they have read and understood the policies and procedures.

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.

Improvement needed

Staff should sign to show that they have read and understood the policies and procedures.

Dignity and respect

Patients who completed a questionnaire told us that staff were always polite and listened to them. Response in the questionnaires also confirmed that staff had talked to patients about their medical conditions and helped them to understand them. Patients told us:

“Excellent service at a time when it is so needed”

“We feel the service, care and support received was excellent and have no complaints. Room and ward always clean, staff are kind and polite”

We found that 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 appeared well cared for with staff paying specific attention to people's appearance and clothing. We saw that, where appropriate, patients were supported to change out of their nightwear during the day in order to maintain dignity and promote independence.

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 in the patient's room. There were pleasant outside seating areas for patients and visitors to use.

All of the 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.

Patient information and consent

Health related information and pamphlets were available in various parts of the hospice. The Statement of Purpose, Patient Guide and the welcome pack, which was provided within each bedroom, provided useful information about the different types of services provided, the hospice facilities and staff. These included how to raise a concern or complaint.

A Patient Status at a Glance board (PSAG)² was located in the multidisciplinary meeting room. 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 patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

We recommended that ways of communicating more effectively with patients who have cognitive impairment be explored by utilising picture boards and appropriate signage.

Improvement needed

Explore ways of communicating more effectively with patients who have cognitive impairment by utilising picture boards and appropriate signage.

Care planning and provision

The quality of the patients' records we looked at was generally good. Care plans were person centred in format. Care plans were being reviewed and updated on a weekly basis. However, we found that some care plans required updating on a more frequent basis to reflect change in patients' care needs. Nevertheless, 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.

² The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

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.

The multi-disciplinary healthcare team provide 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, dietician, occupational therapists and physiotherapists.

For those patients in receipt of respite care, we found that there was adequate 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 Aneurin Bevan University Health Board palliative care and healthcare professionals. Therefore staff can access specialist support and advice when necessary, for example from dieticians.

Improvement needed

Care plans must be reviewed and updated each time there is a change in a patient's care needs.

Equality, diversity and human rights

We saw that staff provided care in a way to promote and protect 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.

We found that Mental Capacity assessment and Deprivation of Liberty Safeguards (DoLS)³ assessments were being conducted as and when needed.

³ 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.

We discussed the need for staff to ensure that the need for a DoLS assessment is considered when patients are in receipt of one to one care or monitoring.

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

Improvement needed

Staff must ensure that the need for a DoLS assessment is considered when patients are in receipt of one to one care or monitoring.

Citizen engagement and feedback

The hospice concerns and complaints procedures are referred to in the Statement of Purpose, Patient Guide and on posters located in prominent positions throughout the hospice. These arrangements were consistent with regulations and standards.

We were told by staff that the number of complaints received about the service was very low.

There was a suggestion box and cards on entry to one part of the building. The hospice is also signed up to the online “iWantGreatCare”⁴ system, where comments can be left anonymously. The hospice receives a monthly analysis and, on review of the most recent analysis, we found that all the comments were complimentary.

⁴ 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/>

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 reviewed on a regular basis.

We found satisfactory security, on-call and emergency planning arrangements in place. Visitors were notified that a CCTV is in operation (which is in certain areas such as the entrance and corridors).

We found that the fire alarm 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 some cleaning fluids were being stored on the floor within the store room on the lower ground floor. This presented a risk of injury to staff when lifting some of the larger containers and presented a risk to any young children who may inadvertently gain entry to the store room. Consequently we

suggested that the containers be stored above floor level and out of reach of children.

Improvement needed

Review the arrangements for storing cleaning fluids.

Infection prevention and control (IPC) and decontamination

Everyone who completed a questionnaire agreed that the setting was both clean and tidy. One patient told us:

“It feels like a hotel as it is so plush and clean”

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

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. Outcomes of such audits were displayed on a notice board within the hospice for patients and visitors to see. We recommended that consideration be given to displaying *Clostridium difficile*⁵ rates also.

We suggested that blood pressure monitoring cuffs be cleaned between patients to reduce the risk of cross infection.

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.

⁵ *Clostridium difficile*, also known as *C. difficile* or *C. diff*, is bacteria that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics.

Improvement needed

Consideration should be given to displaying Clostridium difficile rates.

Blood pressure monitoring cuffs should be cleaned between patients to reduce the risk of cross infection.

Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs were not routinely assessed on admission to the hospice. These assessments were completed by the medical staff as part of the end of life care pathway.

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 assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

We suggested that healthcare support staff be provided with specific training on assisting with feeding.

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 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 to cater for individual patient needs with good communication between care and catering staff.

There were tea and coffee making facilities in one of the lounge areas for patients and visitors to prepare drinks.

Improvement needed

Patients' eating and drinking needs should be routinely assessed on admission to the hospice.

Medicines management

There were formal policies and procedures in place to guide staff in the safe management of medication. We were informed that some of the policies were in the process of being reviewed at the time of the inspection.

Patients were assessed to identify how much assistance, if any, they required to manage their medication. A lockable cupboard was available in each patient's room to store their own medication. Other medications were being appropriately stored in an electronic medication administration system in the treatment room, which could only be accessed by authorised staff. This system was linked to the pharmacy at Neville Hall hospital and monitored by the pharmacy staff who were responsible for re-stocking.

We found that all staff with responsibilities for medication were 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.

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

Equipment for use in the event of a patient emergency (collapse) was available and checked on a weekly basis. The drugs for use in the event of an emergency were stored in a sealed box. The box was checked on a weekly basis to ensure that the seal was unbroken and that the contents remain in date. As the emergency drugs box was sealed, we recommended that a list of items contained be attached to the outside of the box for ease of reference.

Staff had received updated, basic life support/resuscitation training. We recommended that qualified nursing staff receive intermediate life support training.

Improvement needed

A list of items contained within the emergency drugs box should be attached to the exterior of the box for ease of reference.

Qualified nursing staff should receive intermediate life support training.

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.

We suggested that information about domestic abuse be made available to staff. This should include information such as contact numbers for reporting, support and advice.

Blood management

We found that there was a formal blood transfusion policy in place.

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. We saw records demonstrating that the equipment was maintained appropriately.

Safe and clinically effective care

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

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

We also saw that care bundles, linked to the National Early Warning Scores (NEWS)⁶ system, were being implemented as a structured way of improving the processes of care and outcomes for patients around preventing pressure ulcers, ensuring adequate nutrition and identifying patients who were at risk of deterioration through acute illness. However, care bundles were not routinely used to identify and improve the care of patients at risk of developing sepsis⁷.

We found that pain assessments were being undertaken on a regular basis and outcomes recorded. Any pain relief administered was appropriately recorded on the medication administration charts.

Improvement needed

Introduce a sepsis care bundle.

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 of confidentiality.

Through examination of training records, we confirmed that 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.

⁶ NEWS is national system for recognising very ill patients whose condition is deteriorating and who need more intensive medical or nursing care.

⁷ Sepsis is a life-threatening condition that arises when the body's response to infection causes injury to its own tissues and organs.

We suggested that an audit of the care files be undertaken with a view to reducing the amount of documentation retained which may also reduce duplication of information.

Improvement needed

Audit care files with view to reducing the amount of documentation retained which may also reduce duplication of information.

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 good management and leadership at the hospice with staff commenting positively on the support that they received from the manager.

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 effective.

Governance and accountability framework

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

We found that 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 (Chief Executive Officer) is based in the administrative block located adjacent to the hospice. This enables her to monitor the service on a regular basis and makes her accessible to staff,

patients and relatives. This also ensures that the responsible individual is well placed to compile the reports required under Regulation 28. Members of the Board of Trustees also visit the hospice on a regular basis.

Dealing with concerns and managing incidents

During our inspection we spoke, and distributed HIW questionnaires, to staff to find out what the working conditions are like, how the organisation deals with complaints and incidents and to gain their views on the quality of care provided at St David's. In total, we received 10 completed questionnaires from staff undertaking a range of roles at the setting.

There were established processes in place for dealing with concerns and managing incidents at the hospice. There was a formal complaints procedure in place and information on how to make a complaint was noted in the patient's guide and made available in leaflet form. Information was also posted on notice boards in various areas throughout the hospice.

We were informed by staff that the number of complaints received about the hospice were very low.

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.

Almost all staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected within their directorate or department, 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.

Staff members told us in the questionnaires that they had not seen errors, near misses or incidents in the last month that could have hurt staff or patients.

The staff members 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:

"Incident forms are completed"

"Reporting always encouraged as reduces risk"

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 staff members said that they are given feedback about changes made in response to reported errors, near misses and incidents.

All but one 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 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. All of the 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 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 on the privacy and dignity of older persons care.

All staff who completed a questionnaire 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.

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. The majority of staff members said that their manager had supported them to receive the training, learning or development opportunities identified during these meetings. One staff member commented:

“Any current training relevant to my post is available to me”

We found that staff at the hospice were encouraged to access both in house and external training opportunities.

The hospice employs an education manager who is responsible for staff development. The education 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 & Safety and Safeguarding.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. The vast majority of staff members that 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 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 within the organisation that supports staff to identify and solve problems.

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. All staff that answered these questions said that at St David's, patient's 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. All of the staff also told us they were always satisfied with the quality of care they give to patients.

The majority of staff members who completed a questionnaire told us that they were able to meet all the conflicting demands on their time at work and that there is always 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. Half of the staff members felt that they were always involved in deciding on changes introduced that affects their work area, team or department.

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. Some of the comments provided by staff on the questionnaires included:

“Would be very happy for any friend or family to have treatment/stay in the unit”

“I have had relatives who live in other areas who have not had the standard of care or range of services my organisation provides and I wish they could have had such a good service”

Workforce recruitment and employment practices

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

We looked at four 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 induction packs for new staff. These packs gave very useful information about the hospice, the organisational structure, staff responsibilities, policies and procedures. An induction checklist was included, which was signed by the new staff member and their manager during the course of the induction.

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.

All of the 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:

“My line manager is approachable and always available to help with patient care. They also show genuine concern when staff need support on a personal level”

“Very approachable, leads by example, fair, and is a positive role model for unit. Reliable and would always assist in all tasks. Excellent communication skills at all times”

Staff were asked questions in the questionnaire about their senior managers. All of the 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.

The majority of staff told us that communication was always effective between senior management and staff, and said that senior managers mostly involve staff in important decisions, and act on staff feedback. One staff member commented:

“They are all very supportive at all times”

The vast majority of the staff members who completed a questionnaire said that they had been made aware of the revised Health and Care Standards that were introduced in April 2015.

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:

“Very supportive and refers onto relevant organisations for example occupational health”

“My line manger shows genuine concern for health and wellbeing of her team during times of crisis”

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.

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, measurable, 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: St David's Hospice, Newport

Date of inspection: 11 and 12 December 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				
Staff should sign to show that they have read and understood the policies and procedures.	3. Health promotion, protection and improvement	Staff will be required to read and sign to confirm they have read and understood the policies and procedures within a set timeframe.	Karen Hughes	2/12
Explore ways of communicating more effectively with patients who have cognitive impairment by utilising picture boards and appropriate signage.	Regulation 18. (1) (b) 18. Communicatin g effectively	Picture boards and signage available on unit.	Karen Hughes	Completed
Care plans must be reviewed and updated each time there is a change in patients' care needs.	Regulation 15. (1) (a) 8. Care	Repeat audit of notes undertaken and care plans evaluated as patient condition changes. Cascade at ward	Stephanie Thomas	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	planning and provision	meeting to staff.		
Staff must ensure that the need for a DoLS assessment is considered when patients are in receipt of one to one care or monitoring.	Regulation 17. (1) and (2) 2. Equality, diversity and human rights	Staff are aware that a DOLS assessment must be considered.	Karen Hughes	Completed
Delivery of safe and effective care				
Review the arrangements for storing cleaning fluids.	22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	Cleaning fluids are no longer stored on low shelving. Locks will be fitted to cupboards which store cleaning fluids.	Karen Hughes	1/12
Consideration should be given to displaying Clostridium difficile rates.	Regulation (7) and (8) 13. Infection prevention and control (IPC) and	Clostridium difficile rates now displayed on notice board.	Karen Hughes	Completed
Blood pressure monitoring cuffs should be		Small packets of wipes and a laminated sign now kept on observation stands	Stephanie	Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
cleaned between patients to reduce the risk of cross infection.	decontamination	and staff aware of need to clean cuffs between use.	Thomas	
Patients' eating and drinking needs should be routinely assessed on admission to the hospice.	Regulation 8. (9) (a) 14. Nutrition	SDHC in discussion with ABUHB Dietician; reading materials on nutritional assessment made available for staff.	Stephanie Thomas	Completed
A list of items contained within the emergency drugs box should be attached to the exterior of the box for ease of reference.	Regulation 5. (a) 15. Medicines management	Contents of emergency box now listed on exterior of box.	Stephanie Thomas	Completed
Qualified nursing staff should receive intermediate life support training.		This is being considered and will be discussed with the palliative medical lead for ABHB and hospice. Benchmarking against other hospices will be undertaken.	Karen Hughes	Decision required within 2/12
Introduce a sepsis care bundle.	Regulation 7. (a) and Regulation 8. (b) 7. Safe and clinically effective care	This is being considered and will be discussed with the palliative medical lead for ABHB and hospice. Benchmarking against other hospices will be undertaken.	Karen Hughes	Decision required within 2/12

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Audit care files with view to reducing the amount of documentation retained which may also reduce duplication of information.	20. Records management	Audit of notes undertaken and we feel all current documentation is relevant and not a duplication.	Stephanie Thomas	Completed
Quality of management and leadership				
No improvement required.				

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): Karen Hughes

Job role: Senior Manager Governance and Performance

Date: 5th March 2019