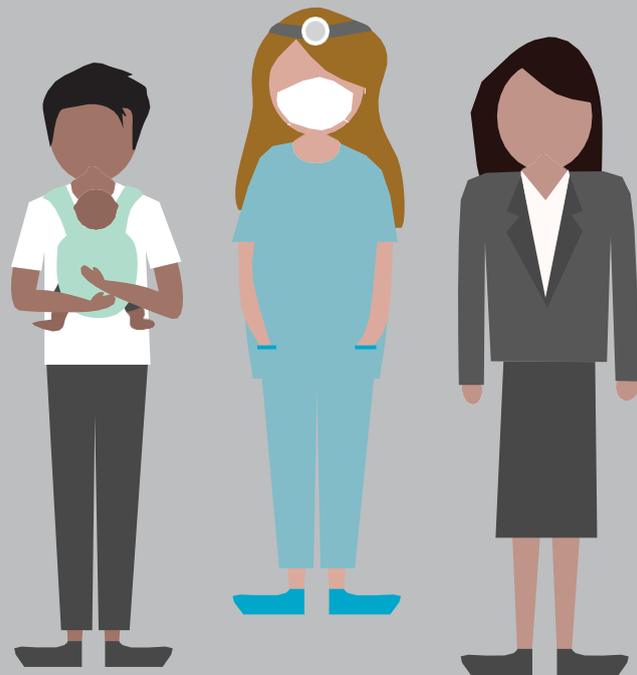


Quality Check Summary

Ty Gobaith Children's Hospice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Ty Gobaith Children's Hospice as part of its programme of assurance work. Ty Gobaith, 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 in Shropshire.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Independent Health Care (Wales) Regulations 2011. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality checks are a snapshot of the standards of care within healthcare services. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us to provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to assurance and inspections can be found [here](#).

We spoke to the Registered Manager, who is also the Head of Care at Ty Gobaith, Responsible Individual¹, and the Head of Quality Assurance, on Wednesday 14 July 2021, who provided us with information and evidence about their service. We used the following key lines of enquiry:

- Is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- How does the service identify and effectively manage COVID-19 outbreaks / nosocomial transmission?
- Is the environment safe for staff, patients and visitors?
- How does the service meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- Do the staff management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care?
- How do the hospice managers ensure that equality and a rights based approach is embedded across the service?

¹ The Responsible Individual is a director, manager, secretary or other officer of the organisation who is responsible for supervising the management of the service.

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- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included:

- Health and safety risk assessment
- Health and safety checklist for family home
- Telephone support to families Standard Operating Procedure (COVID-19 specific)
- Video conferencing with patients Standard Operating Procedure.

We also questioned the service representatives on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

The following positive evidence was received:

We were told that only minimal changes were needed to the environment in response to COVID-19.

We were told that regular audits and risk assessments are undertaken to ensure patient, staff and visitors' safety.

The hospice is purpose built for children and young people, with a lounge for young adults and a play room/sensory room for younger children. Each bedroom is single occupancy with an en-suite bathroom. All personal care is delivered within individual bedrooms. Age appropriate bedding and activity items are provided within each bedroom. Each child is allocated their own day room during their stay to reduce the risk of cross infection. There are separate bedrooms and living area for parents or family members to stay. All the children and family bedrooms can be accessed directly from outside. At the onset of the pandemic, the family accommodation was only made available for parents of children receiving end of life or step down care and families of children receiving crisis care.

We were told that, during the early stages of the pandemic, Ty Gobaith had been functioning on half capacity with only two children accommodated at the same time, with the service focused on providing care to those children and families deemed most in need, with routine respite care put on hold.

Red and green working zones have been identified in order to reduce the risk of cross

infection. Only essential visitors were allowed to enter the hospice, with minimal staff on duty during each shift. A rota has been drawn up for senior staff to provide cover each day to support clinical staff.

We were told that two staff members are allocated to each child per shift. Colour coded scrub style uniforms have been introduced to reduce the risk of cross infection and for easy identification of role, with each staff name and designation labelled on the uniform as well as Welsh speaking logo for Welsh speaking staff.

We were told that every effort is made to fully involve the children and key family members in the care planning process. All care plans include a personal 'All About Me' document identifying what is important to them, their wishes, likes and dislikes. Where appropriate the children and key family members are also involved in advanced care planning and completing a future wishes documents which includes reference to advanced care planning and end of life care. Care after death is delivered in a specially designed area of the hospice known as the Snowflake suite.

We were told that care delivery is designed around the pyramid of care which focuses on end of life care as the top priority, working down to routine respite care. The framework of the pyramid enables care to be delivered in a timely and effective manner by focusing resources and responses in an effective and timely way.

The hospice has developed a virtual service which included virtual play and music therapy, virtual multidisciplinary team meetings, symptom control clinics and advanced care planning, with families being offered a key worker to support them. Due to the success of this service it is anticipated that it will remain in place for the future.

No areas for improvements were identified.

Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Infection control audit tools and summary sheets
- Annual infection control audit report
- COVID-19 Standard Operating Procedure
- Infection prevention and control action plan
- Pre-admission and pre-home visit assessment procedures and questionnaires (COVID-19 specific)
- Lateral flow testing procedures

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- Staff lateral flow testing competencies record
 - Lateral flow assessment and consent document for visitors
 - Lateral flow self testing document for staff
 - Crisis Care (COVID-19 specific) Standard Operating Procedure
 - Crisis Respite Care In The Home (COVID-19 specific) Standard Operating Procedure
 - Laundry management Standard Operating Procedure
 - Paediatric Advanced Life Support flow chart (COVID-19 specific)
 - PPE risk assessment pathway
 - PPE staff updates
 - Staff guidance on patients' admissions
 - Sibling support visits Standard Operating Procedure (COVID-19 specific)
 - Snowflake suite Standard Operating Procedure (COVID-19 specific)
 - Social distancing Standard Operating Procedure
 - Stepdown care from hospital Standard Operating Procedure (COVID-19 specific)
 - Student Nurses Guidance (COVID-19 specific)
 - Waste management Standard Operating Procedure

The following positive evidence was received:

We were told that there were no current, confirmed cases of COVID-19 within the staff or patient group.

We were provided with copies of internal and external Infection prevention and control (IPC) audit reports which showed very good compliance rates.

We were also provided with copies of the policies in place for the prevention and control of infection, which included specific COVID-19 guidance and standard operating procedures. These were seen to be comprehensive and reflective of current COVID-19 national guidance. In addition to this, there are COVID-19 specific risk assessment in place to ensure that all aspects of the hospice are compliant with social distancing to protect staff, patients and relatives.

We saw that protocols are in place to assess every patient prior to admission and to provide the correct levels of protection for patients, staff and visitors.

There is an IPC team in place which includes members of the care and hospitality team together with designated IPC and decontamination lead. The staff at the hospice attend the IPC Link meetings and receive guidance and advice from the health board and Public Health Wales.

We were told that the hospice has no problems sourcing personal protective equipment (PPE) and that the IPC Link nurses have been trained on how to fit test staff for filtering face piece (FFP3) masks.

Hand washing and PPE donning/doffing training has been provided with staff competencies regularly assessed. General and COVID-19 specific IPC training has been provided to staff together with supporting written material in the form of guidance and standard operating procedures.

The Registered Manager confirmed that there were sufficient stocks of PPE for staff, patients and visitors, which are regularly audited to ensure adequate levels are maintained.

Staff have been kept updated of any changes in guidance through regular meetings and question and answer sessions with members of the senior management team. In addition, updates including the Roadmap to Recovery were posted regularly by the Chief Executive Officer and Senior Managers on an internal social media type platform which staff can access remotely and at work.

We were told that 95% of the staff have received two doses of the COVID-19 vaccine and that lateral flow (LFT) and Polymerase Chain Reaction (PCR) tests are available for all staff and visitors as required.

We were told that information posters and signage are available throughout the hospice in both Welsh and English.

No areas for improvements were identified.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff in the hospice to provide safe and effective care.

The key documents we reviewed included:

- Statement of Purpose
- Ty Gobaith Operational Framework
- Roadmap to Recovery document
- Record of incidences
- Medication management Standard Operating Procedures (COVID-19 specific)
- Medicines incident root cause analysis investigation report
- The most recent falls audit results
- The most recent pressure and tissue damage audit results
- Bereavement standard operating procedure
- Crisis communication plan
- Practical crisis support for families Standard Operating Procedure (COVID-19 specific)
- Destruction of medication flow chart (COVID-19 specific)

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- Feedback from families
 - Full Strategic Risk Identification Register
 - Music Therapy evaluation
 - Pandemic fund raising strategy
 - Quality Improvement / Responsible Individual visit reports
 - Safeguarding report
 - Staffing data
 - Staff appraisal list
 - Staff training records

The following positive evidence was received:

The hospice's policies and processes to ensure preparedness for any future crisis, such as a pandemic or other emergency, were seen to be comprehensive and show that there are strong governance measures in place to manage and review the varying pressures on the service.

Discussions with the Registered Manager, Responsible Individual and Head of Quality Assurance highlighted a good understanding of their respective responsibilities and the hospice's escalation and reporting processes. The Registered Manager told us that they are well supported by the Responsible Individual and have access to advice and guidance when required. The Responsible Individual visits the hospice every two weeks and is responsible for compiling a Quality Improvement report, every six months, to reflect the various audit results and detail any actions required. Members of the hospice's Board of Trustees also visit the hospice every six months and spend time talking with the children, their families and staff. The Responsible Individual was reminded of the need to reflect patients, relatives and staff views in the Quality Improvement reports.

The Registered Manager told us that there are sufficient numbers of staff on each shift with the right experience and competence to care for the patients. The Registered Manager explained that bank staff are brought in to cover any shortfall if needed. The Registered Manager added that there has been very little use of bank staff recently due to the low occupancy levels.

We were told that systems had been introduced to provide additional support to staff during the COVID-19 pandemic. The introduction of a social media type platform for the workplace was said to have proved invaluable in ensuring additional support and ongoing communication with staff. This includes a staff well-being page, virtual group coffee mornings for staff to catch up with each other and their managers and a virtual question and answer sessions for staff to ask any questions, share their concerns and to be given an update by the senior management team. Staff who are furloughed or isolating are contacted regularly by their managers and Human Resources team and where appropriate a phased return to work is implemented ensuring all guidance updates and learning needs are met.

Staff are supported on a day to day basis by the Registered Manager. In addition to the more

informal day to day support, we were told that Performance Appraisal and Development Reviews (PADR) are conducted on a regular basis. We were provided with documented evidence of PADR completion rates which shows very good compliance. The Registered Manager provides on call cover from Monday to Friday, with on call cover at weekends shared between the deputy heads of care and senior nurses. Weekly multidisciplinary team meetings are held, which includes nurses, healthcare support workers, physiotherapist and social worker. Debriefs and clinical supervision sessions are made available to staff and offer time for reflection and learning.

We found that staff are supported to attend training. We were told that, to ensure mandatory training compliance, a bespoke children's hospice e-learning package has been purchased. The organisation's social media platform also facilitates in house training courses such as manual handling, fire and safe use of oxygen. Any updates or changes to guidance is also communicated to staff using this platform. Face to face training has recently been re-introduced, for small groups, and dependant on availability of courses, in subjects such as Paediatric Intermediate Life Support (PILS), tracheostomy care and syringe driver training.

We found that there are robust processes in place to manage and report any accidents, incidents or safeguarding issues. We were told that all incidents and accidents are reported openly and investigated promptly. Any learning from incidents is shared with staff. With regards to safeguarding, a robust reporting process is in place and weekly meetings are held with all heads of department to share any safeguarding concerns and to discuss any incidents. Incidents are also discussed at the Health and Safety/ Medicine Management meetings and reported on a quarterly basis to the Clinical Governance Committee. Any controlled drug incidents are reported on a quarterly basis to the Controlled Drug Local Intelligence Network.

Any changes to practice, new/updated policies or procedures are shared/communicated on a virtual platform 'workplace' which staff can access remotely and at work; all policies are available on this workplace.

The Registered Manager told us that approximately half the staff working at Ty Gobaith are Welsh speaking and that every effort is made to ensure that children and their families are spoken with in the language of their choice. The hospice's web site is bilingual and the signage within the hospice is also bilingual. The Registered Manager added that measures have been put in place to further develop the Welsh language provision by means of translating supporting documentation such as leaflets and other written material.

The Registered Manager stressed that choice and consent underpin all aspects of care at Ty Gobaith and that time is spent determining the child/young person and family's views and wishes for treatment in the event of a sudden deterioration in the child/young person's condition. Families amend and update care plans on every visit to the hospice. A Consent Policy, including guidance around the principles of the Mental Capacity Act, is in place and regularly reviewed. Cultural differences and spiritual beliefs are respected and the hospice has resources and contacts to assist the care team to provide care in the most appropriate

way.

No areas for improvements were identified.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the quality check.

As a result of the findings from this quality check, the service should:

- Ensure that the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.