

Quality Check Summary

Skanda Vale Hospice

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of Skanda Vale Hospice as part of its programme of assurance work. Skanda Vale Hospice is a registered charity offering a needs-based palliative care service to adults living with a life limiting illness. The service is free of charge to all patients and their families. The hospice is registered to provide respite care for up to six patients and also offer day care services.

In March 2020, a decision was taken by the hospice's Board of Trustees to close the service due to the COVID-19 pandemic. Existing patients continued to be supported remotely by telephone. This support was expanded to a new remote companion service which was launched in September 2021. Day care services at the hospice were relaunched on 26 January 2022. At the time of the quality check, day care services were being provided on Wednesdays only.

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 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 and lead nurse on Wednesday 16 February 2022, 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?

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- How does the hospice managers ensure that equality and a rights-based approach are embedded across the service?
 - What arrangements are in place to ensure Do Not Attempt Cardiopulmonary 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:

- Environmental risk assessment
- General health and safety risk assessment

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:

As previously mentioned, the hospice was closed from March 2020, until 26 January 2022, due to the COVID-19 pandemic, and at the time of this quality check was only providing day care services on one day per week.

However, we found that the service had conducted necessary risk assessments and updated relevant policies and procedures to meet the additional demands stemming from the COVID-19 pandemic as hospice services recommenced.

We saw that a general health and safety risk assessment had been undertaken which included assessments of the environment, equipment and the health, safety and well-being of staff and patients.

We were provided with a copy of the environmental risk assessment dated February 2022. This was seen to be comprehensive and covered all areas that would be expected.

We were told that the hospice has a Health and Safety Policy, Fire Risk Assessment, Evacuation and Emergency Procedure in place. We were also told that arrangements are in place to ensure that all equipment is maintained and serviced regularly in accordance with both regulations and manufacturers recommendations.

We were also told that the hospice has been specifically designed to provide a range of spaces where patients are able to have care delivered and conversations with both staff and family

members in private.

The limited service being provided at the time of this quality check meant that there was adequate space within the hospice in order to maintain social distancing.

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:

- Generic infection control policies and COVID-19 specific policies
- COVID-19 procedure
- COVID-19 risk assessment
- General risk assessment
- Infection prevention and management policy
- Internal infection control visual inspection audit summary

The following positive evidence was received:

We found that there were comprehensive infection prevention and control policies and procedures in place supported by robust risk assessments. We were told that a record is maintained listing all policies and procedures and their review dates.

The registered manager told us that, in order to protect staff and patients, any patients or visitors, who attend the hospice for day care, are screened for symptoms of COVID-19. Staff at the service also undertake regular COVID-19 lateral flow tests.

We were told that cleaning routines had been increased with extra attention being given to areas of high contact. The use of personal protective equipment (PPE) has been optimised and staff reminded to ensure that there is good natural ventilation in rooms where people are accommodated.

We were also told that catering arrangements had been adjusted in order to ensure that only one staff member is involved in the food preparation process in order to reduce the risk of cross-infection.

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 on the ward to provide safe and effective care.

The key documents we reviewed included:

- Report on the strategic review of the service
- The current percentage completion rates for mandatory training
- Treatment escalation procedure
- Summary of patient feedback for remote companion service
- Organisation response to pandemic policy

The following positive evidence was received:

An internal strategic review of the service was undertaken between January and April 2020, which highlighted several areas for improvement. Work to address the improvements was ongoing at the time of this quality check. In addition, the strategic review has led to the development of a five-year improvement strategy, with the aim of enabling the hospice to provide in-patient respite care 24 hours a day, seven days a week throughout the year.

The service is primarily led, managed and delivered by volunteers working alongside four key employed staff. Medical care and oversight remain the responsibility of patients' own GPs. However, the hospice medical lead, whose main role is to provide clinical advice and support to the patients and staff at the hospice, will liaise with GPs and other services, on behalf of the patients, when this is necessary.

We were told that there were no staff vacancies and that there are enough staff, with the right experience and competence, and volunteers, to care for the current number of day care patients. However, a recruitment drive was underway in order to enable the hospice's longer term improvement strategy.

We were told that paid staff and volunteers are recruited following a formal process, with all necessary background checks undertaken. The recruitment process is managed by the hospice's People Team. Paid staff and volunteers undertake a three month induction process which covers mandatory training in subjects such as fire safety, moving and positioning, infection prevention and control, health and safety, safeguarding and COVID-19 awareness. Additional, role specific training is also provided.

We were told that staff and volunteers are issued with formal job/role descriptions.

Discussions with the registered manger and lead nurse 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 the Board of Trustees.

We were told that systems have been introduced to provide additional support to staff during the COVID-19 pandemic such as psychotherapy, counselling and telephone/video conferencing discussions with members of the management team. Social media has also been used as a means of providing additional support and ongoing communication with staff. In addition, the hospice has a communications department who produce a newsletter in order to keep people informed about developments within the service.

We were told that staff and volunteers are supported on a day-to-day basis by their specific leads and heads of department, depending on their role. In addition to the more informal day to day support, we were told that staff and volunteer Performance Appraisal and Development Reviews (PADR) are conducted on a regular basis.

We found that there were processes in place to manage and report any accidents, incidents or safeguarding issues. Such events are reported up the management stream through the Quality Assurance Manager to the Operational Delivery Committee, which includes representatives from the Board of Trustees. We were told that learning from incidents is formally shared with staff.

We were told that there are privacy, dignity, confidentiality, consent and equal opportunities policies in place.

We were told that efforts were being made to improve bilingual access (English/Welsh) to the service. We were also told that volunteer translators are available for people who wish to communicate in Welsh.

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.