

Independent Healthcare Inspection Report (Announced)

St David's Hospice, Llandudno

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection at St David's Hospice, Llandudno, on 21 and 22 September 2022.

Our team, for the inspection comprised of two HIW Inspectors, one clinical peer reviewer and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

The inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be very good.

Patients and their relatives spoken with during 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.

This is what the service did well:

- Clean, well maintained, and welcoming environment
- Staff engagement with each other, patients, and their relatives
- Use of volunteers
- Retention of beds for those patients cared for in the community by St David's Hospice at Home staff.

Safe and Effective Care

Overall summary:

We found the provision of care at St David's Hospice to be safe and effective.

The staff team were committed to providing patients with compassionate, 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.

This is what we recommend the service can improve

- Implement the use of the National Early Warning Score (NEWS)¹ process
- Implement the Sepsis Pathway²
- Some aspects of mandatory training
- Conduct Mental Capacity assessments on all patients on admission
- Review the medication within the anaphylaxis kit to ensure that they reflect current Resuscitation Council UK guidelines.

This is what the service did well:

- Multi-disciplinary approach to the assessment, planning and provision of care
- Provision of holistic care
- Infection prevention and control
- Hospice at Home care service.

Quality of Management and Leadership

Overall summary:

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

Staff told us that they were happy in their work and that an open and supportive culture existed.

This is what we recommend the service can improve

- Staff appraisals
- Move ahead with development of electronic records management system
- Formalise the process for collecting and collating concerns and comments
- Update the environmental risk assessment

¹ The National Early Warning Score (NEWS²) is a system for scoring the physiological measurements that are routinely recorded at the patient's bedside. Its purpose is to identify acutely ill patients, including those with sepsis.

² Sepsis is a life-threatening reaction to an infection. It happens when your immune system overreacts to an infection and starts to damage your body's own tissues and organs. The sepsis six care pathway is a part of the UK Sepsis Trust's recommended approach to diagnosing and treating sepsis.

- Team meetings.

This is what the service did well:

- Good management overview
- Trustee engagement and overview
- Policies and procedures
- Communication.

Details of any concerns relating to patient safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection, in addition to face-to-face discussions, we used paper and online questionnaires to obtain views and feedback from patients and their relatives. A total of five paper questionnaires were completed. Patients and their relatives commented positively on all aspects of the service offered at St David's hospice.

Health promotion, protection, and improvement

Health related information and pamphlets were available in various parts of the hospice, many of which were bilingual.

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.

Dignity and respect

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.

Patients told us that staff were always polite and listened, both to them and to their friends and family, and that staff called them by their preferred name.

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

The environment had been thoughtfully designed. Rooms were spacious and furnished and decorated to a very good standard. Patients and relatives had access to communal lounge/dining areas and there were smaller lounge/seating areas for people preferring a more private environment. There was a pleasant, enclosed garden and outside seating area for patients and visitors to use.

Most of the patient rooms had en-suite shower facilities. The communal bathrooms were spacious and some of them had a jacuzzi bath.

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

Patient information and consent

The Statement of Purpose and Patient Guide, available in Welsh and English, provided useful information about the different types of services provided, the hospice facilities and staff.

A Patient Status at a Glance board (PSAG)³ was located in the nurses' station. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

Communicating effectively

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

Patients confirmed that they were offered the option to communicate with staff in the language of their choice and several staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language.

³ The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

Care planning and provision

The quality of the patients' records we looked at was generally good, with written evaluations completed by the care staff at the end of each shift found to be comprehensive and reflective of any changes in the care provided.

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 saw evidence that relatives were consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

For those patients in receipt of respite care, we found that there were 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 hospice has a home care team who support patients in their own homes. In addition, beds are retained for patients who are cared for in the community so that they can quickly be admitted back into the hospice should the need arise.

The hospice team work in consultation with Betsi Cadwaladr University Health Board palliative care team and other healthcare professionals. Consequently, staff can access specialist support and advice when necessary, for example from pharmacists, dieticians, tissue viability specialist nurses and speech and language therapists.

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 Deprivation of Liberty Safeguards (DoLS)⁴ assessments were being conducted as and when needed. The social worker employed by the hospice took a

⁴ 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.

lead role in these processes. However, we found that Mental Capacity assessments were not being undertaken on all patients on admission.

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

Citizen engagement and feedback

The hospice concerns and complaints procedures 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.

We recommended that the process for collecting and collating complaints and comments be formalised so that any trends can be highlighted, and action taken to address any issues.

Delivery of Safe and Effective Care

Managing risk and health and safety

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.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors. However, we found that the environmental risk assessment was due for review in July 2022.

On examination of a sample of patients' care records we found that pressure area and falls 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. However, we recommended that the nurse on call process be formalised, and a rota set in place so that the staff know who to contact and to ensure that they do not disturb members of the nurse management team when they are off duty.

Infection prevention and control (IPC) and decontamination

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.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospice.

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. However, outcomes of such audits were not being displayed on a notice board within the hospice for patients and visitors to see.

Nutrition

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

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

Staff and volunteers were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff and volunteers 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 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.

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

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

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

Medicines management

Medicines management arrangements were safe, effective, and well organised. However, we found that the medication within the anaphylaxis kit required reviewing to ensure that they reflect current Resuscitation Council UK guidelines.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

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 lockable cupboards in the treatment room, which could only be accessed by staff using the keypad code.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be safe and charts fully completed.

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

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place.

The social worker employed by the hospice took a lead role in the management of safeguarding referrals and the training of staff on the 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 maintained appropriately.

Safe and clinically effective care

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

However, we found that the National Early Warning Score (NEWS) system and Sepsis care pathway were not fully implemented or embedded in the assessment and care planning process. The implementation of NEWS to provide an early alert for potential septic patients, unless discussed with patient or documented in patients best interest by a doctor, is paramount for appropriate care and treatment.

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. However, the electronic records management system could be further developed, across the service, to improve the recording, sharing and analysis of information.

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

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

Quality of Management and Leadership

Governance and accountability framework

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

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an 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. However, we found that formal, documented staff performance and appraisal reviews were not taking place on a regular basis.

We were also told that team meetings had lapsed due to staff availability and attendance issues. We recommended that efforts be made to improve staff

attendance at team meetings and that when meetings take place, minutes are made available to all staff who should confirm that they have read them.

There was a comprehensive a governance assessment tool in place, which identified any areas that needed improvement or required development.

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.

During our inspection we distributed HIW questionnaires to staff to find out what the working conditions were like, and to gain their views on the quality of care provided to patients at St David's Hospice. Only one completed questionnaire was received and responses to all questions were positive.

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

Dealing with concerns and managing incidents

The hospice's Statement of Purpose and Patient Guide, available in Welsh and English, provided information about how to raise a concern or complaint.

There was a formal complaints procedure in place and 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 and are dealt with at source where possible.

Workforce planning, training and organisational development

Staff at the hospice were encouraged to access both in house and external training opportunities. Staff had access to a training room or 'hub' which was located within the clinical, ward area of the hospice. This enabled easy access to be written as well as computer based, e-learning material.

The hospice has a Clinical Governance and Education Manager, who was new to the post, and is responsible for co-ordinating the review of policies, auditing, and staff development.

The Clinical Governance and Education Manager was responsible for ensuring that staff have access to the training that they need to undertake their duties competently.

The staff training information provided showed that staff are expected to complete training in mandatory subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding. However, staff training in some subjects had lapsed slightly during the pandemic and additional focus is required to ensure that all staff complete all elements of mandatory training.

Workforce recruitment and employment practices

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the hospice had followed the appropriate procedures and undertaken relevant recruitment checks prior to the commencement of employment.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- 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
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

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 highlighted during this inspection.			

Appendix B - Immediate improvement plan

Service: St David's Hospice, Llandudno

Date of inspection: 21 and 22 September 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were found during this inspection.				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: St David's Hospice, Llandudno

Date of inspection: 21 and 22 September 2022

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that feedback is routinely collected from patients, families, and carers and that the results of the feedback are displayed within the setting, together with the action taken with the feedback.	Independent Health Care (Wales) Regulations 2011 Regulation 19 (2) (b) (i) and (e) Standard 5. Citizen engagement and feedback	Bilingual questionnaires will be sent out to all Hospice patients, families and carers as from 24/10/2022 Forms will be available in all areas Feedback will be displayed on a clearly identified notice board within the care setting.	EO	Completed
The registered provider must ensure that Mental Capacity	Independent Health Care (Wales)	Assessment to be undertaken at admission	Medical Director Social Worker (JH)	End of November 2022

assessment are undertaken on all patients on admission.	Regulations 2011 Regulation 17. Standard 2. Equality Diversity and Human Rights			
The registered provider must ensure that the environmental risk assessment is reviewed and updated.	Independent Health Care (Wales) Regulations 2011 Regulation 26. (2) (a) Standard 22. Managing risk and health and safety	Fully updated environmental risk assessment to be undertaken	Health and Safety and Governance Manager	End of November 2022
The registered provider must ensure that outcomes of audits are displayed on a notice board within the hospice for patients and visitors to see.	Independent Health Care (Wales) Regulations 2011	All audit results displayed on notice board	NO	Completed

	<p>Regulation 9. (1) (g) and (o)</p> <p>Standard 6. Participating in Quality Improvement Activities</p>			
<p>The registered provider must review the medication within the anaphylaxis kit to ensure that it reflects current Resuscitation Council UK guidelines.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 15. (5) (b)</p> <p>Standard 15. Medicines Management</p>	<p>All anaphylaxis kits procured from the Health Board.</p> <p>BCUHB pharmacy department notified of potential breach.</p> <p>Hospice has been informed that when new kits are available we will be informed and sent the amended anaphylaxis kit</p>	NH	<p>Ongoing - regular updates to be requested from the Health Board</p>
<p>The registered provider must ensure that appropriate NEWS and sepsis assessments are undertaken out as required and that staff are appropriately trained in these areas.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 23.</p>	<p>All staff to receive training on NEWS assessment and Sepsis assessment.</p>	NO	<p>6 months - April 2023</p>

	Standard 7. Safe and clinically effective care	Appropriate training currently being sourced and evaluated for suitability.		
The registered provider should further develop the electronic records management system across the service, to improve information recording, sharing and analysis.	Independent Health Care (Wales) Regulations 2011 Regulation 9. Standard 19. Information Management and Communications Technology	Currently working to identify compatible systems which can accommodate all hospice needs. Awaiting NHS Canisc service review	Responsible Individual LW	Ongoing - 6 months target
The registered provider must ensure that all staff have an annual appraisal in a timely manner.	Independent Health Care (Wales) Regulations 2011 Regulation 20, (2) (a)	All staff to have Appraisal completed on an annual basis. Improvement plan in place and regular monitoring by Hospice HR Committee.	Clinical leads Human resources Registered manager	Ongoing with a stepped plan for monthly compliance improvements and a 100% aim by April 2023/

The registered provider must make further efforts to improve staff attendance at team meetings and, when meetings take place, ensure that minutes are made available to all staff who should confirm that they have read them.	Standard 25. Workforce planning, training and organisational development	Team meetings to be held monthly made accessible to all staff via TEAMS Attendance encouraged Notes taken and available in communication folder staff to sign when read		Completed
The registered provider must ensure that all staff complete all elements of mandatory training.		Staff allocated protected time to complete mandatory training Mandatory training to be completed before attending any study leave. Mandatory training is completion has been made a requirement before staff are awarded increments, probation approval or change of role. promotion	NO Clinical leads	Ongoing
The registered provider must ensure that staff meetings are held on a regular basis, ideally monthly.		Monthly meetings are held and available on TEAMS		Completed

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): Trystan Pritchard

Job role: Chief Executive

Date: 26/10/2022