

Independent Healthcare Inspection

(Unannounced)

St David's Hospice,
Llandudno

09 and 10 March 2016

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW staff questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non-compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non-compliance process is available upon request.

3. Context

St David's Hospice Ltd, Abbey Road, Llandudno, LL30 2EN is registered as an independent hospital. The hospice is registered to provide specialist palliative care to persons over the age of 18 years. The maximum number of inpatients who can be accommodated at any one time is 14 and the maximum number of persons who can attend the day hospital at any one time is 10.

St David's Hospice opened in 1999 and became registered with HIW on 03 July 2003 (following the implementation of The Registration of Social Care and Independent Health Care (Wales) Regulations 2002).

The service employs a staff team which includes the Chief Executive Officer (who is also the nominated responsible individual in accordance with The Independent Health Care (Wales) Regulations 2011), doctors, matrons, nurses, healthcare support workers, staff/managers for quality and education, finance and fundraising, human resource, administration, housekeeping, domestic and maintenance. The hospice is also supported by a team of volunteers, therapists and NHS health professionals. A range of services are provided which include:

- Therapies and treatments, including physiotherapy, palliative care, pain and symptom control
- Emotional support and counselling services, including bereavement and family support
- Spiritual/Chaplaincy support
- Complementary therapy, including aromatherapy and massage
- Creative therapy, including arts and crafts

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection to the service on 9th and 10th March 2016. HIW previously inspected the service on 19th March 2014. The action plan received by the hospice was followed up during this inspection and where relevant, reference to those areas is included in this inspection report.

4. Summary

Patients and their relatives/carers were being treated with dignity and respect. They were provided with opportunities to provide feedback about their experience, although the hospice is also looking to develop internal patient surveys for this purpose, which we would advocate.

The quality of the patients' records we looked at was good. However we have advised the hospice to personalise core palliative care plans to reflect individual patients' needs. Great care was being taken over assessing patients' dietary and nutritional requirements and in providing them with freshly cooked and appetising meals. We have, however, recommended that the hospice develop a policy regarding diet and nutrition, in consideration of patients who are receiving palliative care.

We found that the delivery of care was safe and effective, where patients' care, and support to their relatives/carers, was the main priority for the staff involved in their care. However this good practice was not always underpinned by sufficiently robust policies and procedures, therefore these must be reviewed and updated in accordance with the appropriate clinical guidelines.

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.

We made a few suggestions regarding the storage and stock checks of controlled drugs and the provision of life support training and equipment in the event of an emergency, which the hospice agreed to pursue. However, overall, the medicines management arrangements in place were effective and well organised.

There was a clear management structure in place to support the hospice governance and management. The majority of staff questionnaire responses indicated that they were being supported and included in decisions that affect their work. However there were indications that recent management changes had been difficult at times, although, staff were confident that the situation would improve once a new manager commenced post in April 2016.

Workforce recruitment practices and procedures were being followed in line with regulations and standards. We were informed by staff that they were keeping up to date with training. However the central training database did not reflect this. Therefore we have advised the hospice to review staff members' training progress and to provide us with the outcome. This exercise also needs to be undertaken for staff appraisals, as again, many of the staff members told us they had received an annual appraisal, but the system had not been updated.

We identified areas for improvement during this inspection which has been included in Appendix A of this report. 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 HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of patient experience

Patients and their relatives/carers were being treated with dignity and respect. They were provided with opportunities to provide feedback about their experience, although the hospice is also looking to develop internal patient surveys for this purpose, which we would advocate.

The quality of the patients' records we looked at was good. However we have advised the hospice to personalise core palliative care plans to reflect individual patients' needs. Great care was being taken over assessing patients' dietary and nutritional requirements and in providing them with freshly cooked and appetising meals. We have, however, recommended that the hospice develop a policy regarding diet and nutrition, in consideration of patients who are receiving palliative care.

Dignity and Respect (Standard 10)

Patients and relatives spoke positively about their experience, praising the staff for the warm and dignified care being provided to them. We observed that staff were helpful and caring towards patients and relatives.

We spoke with four patients, two of whom were accompanied by their relatives. Relatives gave examples where staff had been flexible and responsive to patients' feelings and choices. For example, one of the patients was moved to a room where they had a view familiar to them and therefore found comforting. We observed that patients were dressed in their own clothes; some of the patients were sat in a chair by their bed and looked well presented and comfortable.

The environment had been thoughtfully designed; rooms were spacious but furnished and decorated to a very good standard and which resembled a homely feeling. 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, either in the patient's or a relative's room. 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, which we saw appropriate maintenance processes and checks for.

Patients were offered the opportunity to engage in group and/or individual work and therapy. Therapists were holding a fatigue, anxiety and breathlessness (FAB) group session during one of the days we inspected, which was a new programme they were trialling over the next year. Some patients were receiving massage and aromatherapy in their own room.

We saw laminated copies to remind staff of the hospice ethos around dignity and respect towards patients and their family/carers.

Citizen Engagement and Feedback (Standard 5)

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*"³ system, where comments can be left anonymously. The hospice receives a monthly analysis and, from our pre-inspection checks, we found that all the comments were complimentary.

The Chief Executive Officer spoke with us about possible ways of enhancing citizen engagement; and an area that was already included in the hospice governance self assessment tool. We suggested that the hospice considers additional methods for obtaining feedback, such as regular patient satisfaction surveys, which could be standardised and/or focussed depending on the area the hospice would most benefit from feedback. Managers agreed to pursue these options.

Care Planning and Provision (Standard 8)

We looked at four patient records. Overall, these records were comprehensive and contained the relevant social and health care professionals' referrals, assessments, care planning and discharge arrangements. The patients and relatives' involvement was clearly evident. Information was well organised and easy to locate. However we suggested that the system to identify patients receiving day service and/or in-patient services be made clearer, as this was not always obvious when reading through the records.

³ *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/>

Patient treatment plans were being reviewed daily by the nursing team and hospice speciality doctors. We found that individualised, person-centred care was evident in practice. However, the care plans were mostly standardised, to include the aspects of core palliative care, and lacked sufficient detail about how the patients' other individual care needs were to be met.

Improvement needed

Core care plans should be personalised to clearly describe individual patients' needs and how these will be met.

The team work in consultation with Betsi Cadwaladr University Health Board palliative and healthcare professionals. Therefore staff can access specialist support and advice when necessary, for example from pharmacists and dieticians.

Nutrition (Standard 14)

From our review of patient records and discussions with staff, we found that patients were being assessed as to whether they needed help to eat and drink and if they had specialist dietary requirements.

We spoke with the head chef and found an effective system to cater for individual patient needs. This included a colour coded form to identify specialist dietary requirements (such as normal diet, diabetic controlled, soft and vegetarian) and portion sizes.

All the meals are freshly cooked on site daily (including the meals served in the hospice café) and looked very appetising. Care was being taken to provide patients on specialist diets with meals that resembled a normal diet as far as possible, for example by presenting liquidised food items separately on a plate and preparing suitable alternatives for people who have diabetes. One of the relatives stated that their parent's appetite was much better since coming to the hospice.

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. We checked one fridge. It was clean and, with the exception of two partly used food items, all the food were covered and clearly labelled with the date opened and use by date. Staff should be reminded to always add labels to any opened food items, to ensure that any unused food items are always disposed of by the recommended date.

We could not find a specific policy regarding diet and nutrition. This would be particularly pertinent for patients with reduced appetites, or who are too ill to eat or receiving end of life care. Therefore we advised for a policy to be developed, which should cover the ethical decisions that need to be made during end of life care.

Improvement needed

The hospice should develop a nutrition policy, in line with professional guidance (for example The National Institute for Health and Care Excellence (NICE) guidelines and the All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients).

This policy should include the areas to consider for patients receiving end of life care.

Communicating Effectively (Standard 18)

Health related information and pamphlets were available in various parts of the hospice. The Statement of Purpose and Patient Guidebook, available in Welsh and English, provided useful information about the different types of services provided, the hospice facilities and staff. These included how to raise a concern or complaint.

However, because we could not see information about the complaints procedures elsewhere in the hospice we suggested that notices were prominently displayed in the areas accessed by day and in-patients.

We observed that several staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language if preferred. Not all the signage in the hospice was available in Welsh, therefore this provision should be considered.

Delivery of safe and effective care

We found that the delivery of care was safe and effective, where patients' care, and support to their relatives/carers, was the main priority for the staff involved in their care. However this good practice was not always underpinned by sufficiently robust policies and procedures, therefore these must be reviewed and updated in accordance with the appropriate clinical guidelines.

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.

We made a few suggestions regarding the storage and stock checks of controlled drugs and the provision of life support training and equipment in the event of an emergency, which the hospice agreed to pursue. However, overall, the medicines management arrangements in place were effective and well organised.

Safe and Clinically Effective Care (Standard 7)

From our discussions with staff we found that patients were receiving safe and clinically effective care. We took the opportunity to observe part of a weekly multi-disciplinary meeting (which was attended by the hospice doctors, nursing staff and physiotherapist). This meeting was effectively co-ordinated and it was evident that patients' care, and the support for their relatives/carers, was the main priority by the team.

However, the effective staff practice we found was not reflected in sufficiently robust policies and procedures or underpinned by the relevant clinical guidelines. During HIW's previous inspection in 2014, numerous policies were in need of updating. Whereas policies had since been updated and were indexed, they did not follow in any logical order. In some instances, for example safeguarding, medication and consent, there was more than one policy for the same or similar area and in various parts of the policies folder. Therefore it was time consuming to locate the information we were looking for.

As a result, we advised the hospice to review the policies to ensure that they contained sufficient details in consideration to current clinical guidelines. We suggested that this work is undertaken in consultation with the relevant link nurse in those specialised areas.

Improvement needed

Policies and procedures should be updated to ensure they contain sufficient details with consideration to current clinical guidelines (examples can be found under each standard of the National Minimum Standards).

Policies should be appropriately grouped and filed in a logical order, thus easier for staff to find. Where needed, it may help to include a quick reference guide for staff to follow.

One of the policies we looked at related to patient consent, including consent under the Mental Capacity Act 2005. However the policy did not cover consent in sufficient detail, as per regulations and Standard 9 on patient information and consent. Additionally, there was no reference to advocacy services, for patients who may not have any representatives to act on their behalf.

Improvement needed

There should be a detailed policy about patient consent, with consideration to the areas included in National Minimum Standard 9, and any other relevant areas relating to patients who receive care in a hospice.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

Since HIW's last inspection, a child protection policy had been developed, which we found satisfactory and referring appropriately to the All Wales Child Protection Procedures (2008).

However, the vulnerable adults' policy was confusing as it referred to a Department of Health '*Regulated activity (adults)*' guidance, which is not directly applicable in the context of the protection of vulnerable adults from abuse procedures. The vulnerable adults' policy also implied that, in the event of suspected or actual abuse, an internal investigation would be carried out. However, we advised managers that any potential abuse should be referred, without delay, to the local health board and/or authority safeguarding team. This is because their own investigation may hinder the appropriate safeguarding procedures that need to be followed in line with the '*All Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse*' (November 2010).

We spoke about this further with some of the nursing staff. They described the procedures they would follow which confirmed they were, in fact, aware of what to do and who to contact in the event of a suspected, witnessed or alleged child or adult abuse.

Improvement needed

The safeguarding policy for adults must be urgently reviewed and updated, in line with the All Wales interim adult abuse procedures.

All staff should be given access to the updated policy.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

All the areas we looked at upon arrival of our unannounced visit and thereafter were visibly clean and tidy.

We saw plenty of infection prevention facilities, including protective personal equipment (PPE), non-touch waste bins, hand washing facilities and liquid soap in various locations and on entry to patient rooms. We were informed that regular hand hygiene audits are carried out and we observed staff adhering to infection control guidelines during the course of their work. Indicator tapes were being used to denote that hoists and commodes had been cleaned.

Two of the communal bathrooms we looked at contained a box with partly used toiletries. As this could increase the risk of cross contamination, these products should be returned to the relevant patient's room after each use, or disposed of when no longer needed.

Improvement needed

Toiletries belonging to patients should not be stored in communal bathrooms. These should be taken back to the patient's room after each use, or disposed of when no longer needed.

One of the areas that required improvement following HIW's inspection in March 2014 was the hospice laundry facilities and procedures. We considered this area again during this inspection and found clear protocols in place, in line with infection control guidelines. The laundry policy was displayed in the laundry room, along with a detailed cleaning schedule that was explained and shown to us by the housekeeping staff. Overall, the housekeeping staff felt that they had enough staff and time to maintain a good standard of cleanliness.

Medicines Management (Standard 15)

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 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. We observed medication being administered to one of the patients. Whilst the staff member checked the patient's identity, we advised the hospice to remind staff to ask patients for information such as date of birth and home address, rather than provide them with this information then ask whether these details were correct. This practice should further minimise the risk of patients being accidentally administered the wrong medication.

Staff did not administer intravenous (IV) antibiotics, although some of the staff were trained to give blood transfusions when necessary (in consultation with the local health board's transfusion services). This meant that patients had to be transferred to one of the local hospitals if they needed IV antibiotics. Because of the disruption and potential detrimental impact on a patient's health when being transferred from one location to another, we advised the hospice to consider providing additional training and refresher courses in the administration of IV antibiotics, which managers agreed to pursue. The hospice's medication policy should be updated with any decision reached in this respect.

Staff informed us that relevant staff members were trained in carrying out cardio pulmonary resuscitation (CPR) if needed in the event of an emergency. However, we found that some of the CPR equipment was located in various parts of the hospice and they did not have a self inflating (ambu) bag with reservoir, which the Resuscitation Council (UK) lists as equipment that should be immediately available in community and acute care hospitals.

Improvement needed

All the emergency equipment, as listed by the Resuscitation Council (UK), should be made available in the event of an emergency. The Resuscitation Council's general points regarding storage of CPR emergency drugs and equipment should also be followed.

Staff at the hospice, including the doctors and nurses, were being provided with basic life support (BLS) training. We suggested that a more advanced course be considered for senior nurses and doctors, for example immediate life support (ILS). Following the inspection, we were informed that the hospice consulted with the local health board's resuscitation department. As the hospice does not have the specialist equipment needed to provide ILS, they advised that the current BLS training is sufficient for hospice staff and to continue with their current procedure, of phoning 999, in the event of a medical emergency.

We queried whether the controlled drugs cupboard met the requirements in accordance with the Misuse of Drugs (Safe Custody) Regulations 1973, as we were not totally confident that it met the double locking requirements under these regulations and subsequent amendments. Therefore we requested that the hospice seek further specialist advice regarding this.

Improvement needed

The hospice is to seek specialist advice regarding whether the controlled drugs cupboard is consistent with the Misuse of Drugs (Safe Custody) Regulations 1973 specifications and subsequent amendments. HIW is to be informed of the outcome of their enquiries.

A controlled drugs stock balance check was being undertaken twice weekly. Whereas not compulsory, it is common practice for healthcare services who care for patients requiring regular administration of controlled drugs, to undertake daily stock checks. The Department of Health 'Safer Management of Controlled Drugs' recommends that a risk assessment be carried out to determine the frequency: However, the hospice did not have a risk assessment, therefore we have requested that one is completed for this purpose.

Improvement needed

The frequency of the controlled drugs stock check should be reviewed and a risk assessment undertaken to support the frequency decided.

Managing Risks and Health and Safety (Standard 22)

Risks assessments were available on the Control of Substances Hazardous to Health (COSHH), environmental hazards, fire and manual handling equipment. Cleaning products were colour coded (to assist with infection control and prevention) and were securely stored.

There were valid contracts for medical devices, electrical equipment and waste management. However no documentation was available for the portable appliance testing (PAT), which we found evidence to support that a test had been carried out in April 2015 and was undertaken annually. However the administrator agreed to remind the health board to forward this document to them to keep at the practice.

We found satisfactory security, on-call and emergency planning arrangements in place, although a few staff said it can sometimes feel isolated at night. Managers should therefore discuss this further with staff to consider if any additional measures

need to be put in place at night. Visitors were notified that a CCTV is in operation (which is in certain areas such as the entrance and corridors). We would suggest that the hospice use of CCTV cameras is included in the Statement of Purpose and Patient's Guidebook.

Dealing with Concerns and Managing Incidents (Standard 23)

The hospice concerns and complaints procedures are referred to in the Statement of Purpose and Patient Guidebook. These arrangements were consistent with regulations and standards, however we could not find any other information about how to raise concerns or make a complaint within the hospice.

Improvement needed

An easy read, large print summary of how to raise concerns or make a complaint should be prominently displayed in the hospice building.

We spoke with the Chief Executive Officer who stated that they rarely receive complaints at the hospice. We looked at a response to a previous complaint and found that this had been addressed appropriately and sensitively.

Quality of management and leadership

There was a clear management structure in place to support the hospice governance and management. The majority of staff questionnaire responses indicated that they were being supported and included in decisions that affect their work. However there were indications that recent management changes had been difficult at times, although staff were confident that the situation would improve once a new manager commenced post in April 2016.

Workforce recruitment practices and procedures were being followed in line with regulations and standards. We were informed by staff that they were keeping up to date with training. However the central training database did not reflect this. Therefore we have advised the hospice to review staff members' training progress and to provide us with the outcome. This exercise also needs to be undertaken for staff appraisals, as again, many of the staff members told us they had received an annual appraisal, but the system had not been updated.

Governance and Accountability Framework (Standard 1)

At the time of this inspection, a new manager had been appointed and was due to commence in post in April 2016. The Chief Executive Officer stated that the manager would shortly be submitting an application to HIW to register as manager. The previous manager left in October 2015, therefore the Chief Executive Officer was acting as the interim manager.

The Chief Executive Officer had developed a governance self assessment tool, which covered all the national minimum standards and identified any areas that needed improvement or to be developed. We were provided with a copy and noted this as an effective tool to identify and measure performance.

We spoke with several staff members across the different type of services and found them to be friendly, approachable and committed to delivering a high standard of care to patients and their relatives/carers.

We obtained a total of 17 staff questionnaires during the inspection. Overall, their responses indicated that the organisation was supportive and there was a culture of openness and learning (with a minority stating that this open culture was 'sometimes'). Two staff members provided additional positive comments, stating:

"St David's Hospice provide excellent care and I feel privileged to work here".

"I have been supported well ... supported throughout and still do".

Comments made by seven staff members indicated that they did not always feel supported, or felt equally supported within the team. Whereas the majority of staff felt able to make suggestions and said they were involved in areas that affected their work, four stated this was 'sometimes' and two said this was 'never'.

A few staff members commented about stress due to the nature of the job, working late, not having enough time to take breaks or additional workload/responsibilities due to management changes. Some of the staff we spoke with knew the new manager who has been appointed and were confident that the situation will improve. However we would advise the hospice to consider the staff comments above and to ensure that adequate opportunities are provided to listen and support them when necessary.

Under Regulation 28, the responsible individual (or another director or suitable employee in line with this regulation) must visit the hospice at least every six months and produce a written report of the findings. The responsible individual (Chief Executive Officer) is based in the hospice and regularly sees staff, patients and relatives regarding the service. However, no Regulation 28 reports were available as evidence of these discussions.

Improvement needed

The hospice must be able to provide documentary evidence of provider visits, which should be undertaken at least every six months. A written report must be completed following provider visits.

Workforce Recruitment and Employment Practices (Standard 24)

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

We were provided with copies of the induction packs for new staff (including a pack for voluntary workers). 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.

We did not see a policy specifically for staff recruitment.

Improvement needed

The hospice is advised to develop a human resource policy, in line with all the elements to be considered under Standard 24.

Workforce Planning, Training and Organisational Development (Standard 25)

We were provided with a copy of the registration status for the clinical team and saw they had valid registrations with the appropriate professional body, thus demonstrating that they were keeping up to date with their learning and developmental needs.

However, when we looked at the computer records for staff training, it appeared that many staff members were out of date in some mandatory training areas. Staff discussions and questionnaire responses, however, indicated that many of the staff members had been receiving regular training. We were informed that four staff members were currently undergoing palliative care training and there were various notices about training dates and opportunities on staff noticeboards. Therefore we advised managers to urgently review staff members' progress with training and to update the central training database.

Improvement needed

The hospice should review staff progress with mandatory and other identified training needs.

The central training database should be updated in accordance with this information and, if necessary, arrange to provide the necessary learning and development opportunities.

HIW is to be provided with the outcome of this training review.

Asked if there was any other training they would find useful, staff responded:

- Mentorship
- E-learning
- Palliative care modules
- Male catheterisation

We were informed that courses are already offered in these areas. However, in view of the comments above, the hospice said that further notices will be issued to staff to raise their awareness about these courses.

As with the training database, it appeared that staff had not been receiving an annual appraisal. Again, when she spoke with managers and analysed staff questionnaire responses, we found that many staff members had in fact received an annual appraisal. The human resource manager showed us a new appraisal document that had been developed and was currently being piloted.

Improvement needed

Appraisals, for staff members who have not received this in the last 12 months, should be completed as a matter of urgency. Staff appraisals should be completed annually thereafter.

HIW is to be provided with evidence to demonstrate that staff will be provided with an annual appraisal.

Given that some of the areas for improvement had also been identified during HIW's previous inspection in March 2014, including staff training, appraisals, policies and procedures, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at St David's Hospice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: St David's Hospice, Abbey Road, Llandudno

Date of Inspection: 09 and 10 March 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
9	<i>Core care plans should be personalised to clearly describe individual patients' needs and how these will be met.</i>	R15 S8	The Hospice already has this practice in place. A review will be undertaken to ensure that is the case with all patients	Glenys Sullivan, Matron	Immediate
10	<i>The hospice should develop a nutrition policy, in line with professional guidance (for example The National Institute for Health and Care Excellence (NICE) guidelines and the All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients).</i>	R15 S14	The Hospice accesses the advice of a specialist dietitian and follows the All Wales Guidelines on Nutrition. Individual patient menus are designed with consideration of needs and condition with particular reference to end of life care. An individual policy for the Hospice	Glenys Sullivan, Matron	3 months

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>This policy should include the areas to consider for patients receiving end of life care.</i>		will be drafted with reference to current practice and national standards that are already followed		
Delivery of Safe and Effective Care					
12	<p><i>Policies and procedures should be updated to ensure they contain sufficient details with consideration to current clinical guidelines (examples can be found under each standard of the National Minimum Standards).</i></p> <p><i>Policies should be appropriately grouped and filed in a logical order, thus easier for staff to find. Where needed, it may help to include a quick reference guide for staff to follow.</i></p>	R9 and 15 S7 and 8	<p>A full review of all clinical policies will be undertaken in partnership with the local Health Board and the other 2 Inpatient Hospices in North Wales.</p> <p>Key policies will be prioritised</p> <p>This project has already commenced and work is ongoing</p>	<p>Glenys Sullivan, Matron</p> <p>Trystan Pritchard, Chief Executive</p>	<p>Review to be completed within 12 months</p> <p>1 month</p>
12	<i>There should be a detailed policy about patient consent, with consideration to the areas included in National Minimum Standard 9, and any other relevant</i>	R9, 17 and 38 S9	<p>A consent policy is in place and was available at time of inspection.</p> <p>This policy will be reviewed to ensure consideration of areas included in Standard 9</p>	Glenys Sullivan, Matron	3 months

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>areas relating to patients who receive care in a hospice.</i>				
13	<i>The safeguarding policy for adults must be urgently reviewed and updated, in line with the All Wales interim adult abuse procedures.</i> <i>All staff should be given access to the updated policy.</i>	R16 S11	Wording of the policy will be amended to ensure no ambiguity with regards to required immediate course of action. Staff are already aware of this and policy will be amended accordingly	Glenys Sullivan, Matron	1 month
13	<i>Toiletries belonging to patients should not be stored in communal bathrooms. These should be taken back to the patient's room after each use, or disposed of when no longer needed.</i>	R9 and 15 S13	Practice immediately discontinued	Glenys Sullivan, Matron	Completed
14	<i>All the emergency equipment, as listed by the Resuscitation Council (UK), should be made available in the event of an emergency. The Resuscitation Council's general points regarding storage of CPR emergency drugs and equipment</i>	R9 and 15 S15	Equipment sourced and now in place	Glenys Sullivan, Matron	Completed

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>should also be followed.</i>				
15	<i>The hospice is to seek specialist advice regarding whether the controlled drugs cupboard is consistent with the Misuse of Drugs (Safe Custody) Regulations 1973 specifications and subsequent amendments. HIW is to be informed of the outcome of their enquiries.</i>	R9 and 15 S15	Advice taken from Betsi Cadwaladr University Health Board Specialist pharmacist. No changes have been recommended. Controlled drugs cupboard specifications were originally submitted to HIW prior to installation and were accepted as compliant	Trystan Pritchard, Chief Executive	Complete
15	<i>The frequency of the controlled drugs stock check should be reviewed and a risk assessment undertaken to support the frequency decided.</i>	R9 and 15 S15	Advice taken from Health Board Specialist Pharmacist. Current practice confirmed to be adequate. Situation will be kept under review and a risk assessment completed	Trystan Pritchard, Chief Executive	Complete
16	<i>An easy read, large print summary of how to raise concerns or make a complaint should be prominently displayed in the hospice building.</i>	R24 S23	Summary poster produced	Marie Lidgett, Communications	Complete
Quality of Management and Leadership					
18	<i>The hospice must be able to</i>	R28	Reports to be actioned and	Trystan	Immediate

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>provide documentary evidence of provider visits, which should be undertaken at least every six months. A written report must be completed following provider visits.</i>	S6	completed	Pritchard, Chief Executive	and ongoing
18	<i>The hospice is advised to develop a human resource policy, in line with all the elements to be considered under Standard 24.</i>	R9, 10, 12, 13, 20 and 21 S24	The Hospice already has individual policies and procedures in place that address the elements of Standard 24. Further action will be taken to streamline these policies and produce a single document. Statutory compliance continues to be maintained	Sian Bebb, HR Manager	6 weeks
19	<i>The hospice should review staff progress with mandatory and other identified training needs.</i> <i>The central training database should be updated in accordance with this information and, if necessary, arrange to provide the necessary learning and development opportunities.</i>	R20, 21 and 22 S25	Central database to be updated as documentation is currently stored in different location. Staff have generally accessed appropriate mandatory training although there are some omissions due to availability and/or sickness. These remaining needs will be addressed and a rolling programme	Glenys Sullivan, Matron and Sian Bebb, HR Manager	

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	<i>HIW is to be provided with the outcome of this training review.</i>		will continue		
20	<p><i>Appraisals, for staff members who have not received this in the last 12 months, should be completed as a matter of urgency. Staff appraisals should be completed annually thereafter.</i></p> <p><i>HIW is to be provided with evidence to demonstrate that staff will be provided with an annual appraisal.</i></p>	<p>R20, 21 and 22</p> <p>S25</p>	<p>The vast majority of clinical staff have been appraised in the last 12 months. Remaining appraisals to be completed.</p> <p>New database will be implemented to ensure a rolling programme is in place for the next 12 months period and beyond</p>	Glenys Sullivan, Matron	2 months

Service Representative:

Name (print): Trystan Pritchard

Title: Chief Executive

Date: 12th April 2016