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Dear Mr Savage,

Re: Healthcare Inspectorate Wales unannounced visit to Nightingale House Hospice on the 18 March 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an unannounced visit to Nightingale House Hospice on the 18 March 2014.

The visit highlighted areas that are noteworthy and include:

- A bereavement service for children and young adults up to the age of nineteen and access to counselling and support services for relatives and carers.
- The creation of a Monday drop-in clinic based in Corwin for people who require palliative care advice or symptom control.
- Patients and families spoken with were very happy with their care and treatment. They felt their care was highly individualised, all their needs were met and was centred around them and their families. Patients stated that their and their family's/carers views were actively sought and considered paramount in any decision making about their healthcare.
- They found all members of the team were most welcoming, kind, supportive and caring and all would go the "extra mile" to provide the highest standards of care and ensure the wellbeing of themselves and their families.

- The ward is well equipped with specialist aids and equipment to meet the differing needs of individual patients and when the team are unable to purchase a specific aid or piece of equipment, they will take it out on loan where possible.
- There was a wide variety of good quality, relevant, helpful and up to date information available for patients and families.
- There are height adjustable tables throughout the ward that enables all patients with differing height /wheelchair accessibility needs, to sit comfortably at table level.

OVERALL VIEW OF THE HEALTHCARE SETTING

Nightingale House Hospice is a registered charity providing inpatient and outpatient palliative care services for adults with life limiting illnesses including cancer. The inspection of facilities and services against statutory requirements and National Minimum Standards involved reviewing documentation provided by the hospice during inspection and viewing environment and facilities during the visit. Issues relating to registration and service provision were held with the registered manager. Records kept at the hospice were made available for inspection, and the inspection team members observed care practices and interaction between staff, patients and visitors. The inspectors had an opportunity to discuss satisfaction with services with patients who provided their consent for interview.

Nightingale House hospice is a modern purpose-built facility opened in 1995. It is located on the outskirts of Wrexham town centre, easily reached by car, public transport and on foot. Parking was limited, but public car parks were located within a five-minute walk from the hospice. There was an open visiting policy unless the patient requests restrictions. Children were welcome visitors, and pets may be brought in by arrangement.

The hospice is registered to provide inpatient care for up to 16 patients over the age of 18 years and day care for up to 15 patients over the age of 18 years. Due to financial constraints, the hospice had reduced its inpatient capacity to 12 patients. Outpatients' clinics were also held weekly throughout the year providing access to specialist medical consultants, medical treatments and a nurse led-day care centre.

Palliative care services included physiotherapy, occupational therapy, hydrotherapy and complementary therapies both for inpatients, outpatients and day care patients. The physiotherapist, nursing staff and a volunteer had obtained qualifications in their relevant areas of expertise to carry out complementary therapies. Medical and nursing care included symptom control, respite care and terminal care. Other services provided by Nightingale House include a bereavement service for children and young adults up to the age of nineteen, access to counselling and support services for relatives and carers. A recent development is the creation of a Monday

Drop In clinic based in Corwin for people who require palliative care advice or symptom control.

There was no fee charged for care or services at Nightingale House. Referrals for care and treatment were accepted from National Health Service (NHS) Trust services, community social and health care services, and self-referrals from members of the public with General Practitioner (GP) consent.

Management of the hospice was democratic with clear management structures and auditing procedures in place that assessed the care and provision both within the hospice and against other respite and palliative care establishments. The atmosphere was very positive and it was clear that staff were encouraged to develop care and enjoy working there. Recent staff changes due to retirement and career development have created difficulties with the continuity of clinical governance structures and an action plan needs to be developed to ensure that shortcomings outlined elsewhere were overcome. The care overall met the National Minimum Standards and there were aims to ensure continual improvement of care. The treatment provided was person-centred and needs assessments were thorough and based on recognised evidence, although a review and updating was required at this point as many core care plans were found to have been written in 2006 and clinical care has developed since then in many areas of practice.

The building itself was attractive, welcoming, warm, clean, light and bright. It was decorated, furnished and maintained to a high standard, and a variety of up to date equipment was available. Pleasant and well-maintained garden areas were accessible to wheelchair users and visitors. All inpatient rooms had patio access. All patients' facilities were located on the ground floor. The first floor provided administrative and educational services only. Inpatient facilities included a ward area comprising shared, single and family rooms, conservatory and dining area. Single rooms had en-suite facilities, and there were also shared bathrooms that incorporated adapted bathing facilities. Visitors and families were provided with amenities to prepare drinks and snacks.

Nightingale House has a hydrotherapy pool and physiotherapy area, utilised by inpatients, outpatients and families. Fully equipped and private treatment rooms were available for medical treatments, nurse led clinics and complementary therapies, and private rooms were available for medical consultation.

A small chapel was integral to the facilities available to inpatients, outpatients, families and visitors, holding services and open 24 hours a day for private prayer. The hospice employs a part-time for religious or spiritual support.

Food was cooked on the premises by a team of qualified staff to individual patients' choices, preferences or medical requirements. There had been recent changes to the catering personnel and food delivered was designed to meet the needs of people who were nutritionally compromised due to their health condition. Catering staff liaise with nursing staff and patients on admission to ascertain specialized requirements and choices. Patients spoken to on the day of inspection testified to the quality and choice of meals available. The catering department was subject to

an inspection by the Environmental Health Department of the local council, and achieved a Gold Award for standards of catering hygiene in 2012.

Quality of treatment and care

Care was person centred, based on evidence and of a high standard. There were clear monitoring and auditing systems in place. There were some appropriate policies and procedures in place to assist staff with the provision of care but other policies and procedures required updating and review as outlined below. Care was determined according to individual patient need and assessment and documentation about patients was extensive and ongoing. A consent to treatment policy was in place that included obtaining written consent. Privacy, dignity, and confidentiality during discussions or examinations was provided in private bedrooms, or the use of consulting rooms, clinical rooms, and sitting rooms according to the choice of the patient and relative.

Management of patient conditions at Nightingale House was informed through membership of independent associations and groups including "Help the Hospices" the "Disease Orientated Network" of North Wales, the "National Council for Hospice and Palliative Care" (NCPC), as well as the Independent Hospice Joint Planning Group and the expertise of medical personnel. This addresses all of the relevant aspects of practice described in the Minimum Standards.

Patients and their relatives were involved in all decisions and planning for the terminal stage of a patient's illness and their wishes were recorded in care plans. A care of the dying pathway guided practice. Pain relief was medically prescribed and continuously monitored and reviewed.

There was an ongoing education and training programme for staff working within the hospice. The clinical supervision system that was in place had lapsed due to staff changes. This needs to be reintroduced especially in light of new members of staff who will require management, education and emotional support whilst developing into their new roles.

Nightingale House had in place a policy to guide practice and decisions in relation to CPR and advanced care planning. These sensitive decisions were reached with the consent of patients or their relatives if they are unable, and recorded in care plans. Patients and relatives views of the service are collected via questionnaires and suggestion boxes were located around the hospice for both patients and visitors to register their comments or ideas. Results from surveys indicated high levels of satisfaction with services at nightingale House and there had been no complaints for the past two years.

There had been a recent evaluation to determine dependency levels of patients in order to facilitate staffing provision and it is planned to incorporate this into a model for care.

Privacy and Dignity

Patients Views

Patients and their families observed during inspections were treated with the utmost respect and sensitivity. All aspects of privacy and dignity were clearly integral to the philosophy of Nightingale House and in any staff/patient interaction and clinical interventions.

Patients and families spoken with were very happy with their care and treatment. They felt their care was highly individualised, all their needs were met and was centred around them and their families. Patients stated that their views and their family's/carers views were actively sought and considered paramount in any decision making about their healthcare.

They found all members of the team were most welcoming, kind, supportive and caring and all would go the "extra mile" to provide the highest standards of care and ensure the wellbeing of themselves and their families.

Care was of a high standard, patient centred, planned and regularly reviewed by the multidisciplinary team (MDT).

Patients found their accommodation homely and very comfortable and some patients had access from their rooms to beautiful and private garden areas.

Patients spoke highly of the quality and choice of food and that the catering department were flexible and would make almost anything they particularly fancied.

Patients stated that staff worked closely with them to provide excellent pain management and other areas of their care and treatment. They spoke of their care being truly holistic and included complementary therapies such as massage and reflexology being available in the day hospital, not only for themselves, but for their families who were struggling to cope with their illness also.

There was a hairdressing service and a hydrotherapy pool available, which patients really appreciated.

Patients stated that staff responded immediately when they pressed their buzzers, day or night and whether it was for pain control, or a cup of tea, or a chat, staff were always there.

There was also a day service that provides a wide range of activities, therapies and complementary therapies.

Nightingale House has recently initiated a Monday drop in service in Corwin, where advice, support and information is made available and includes sessions on issues such as fatigue management, pain management nutrition and pharmacy and welfare advice. Cards from patients and their families highlighted their appreciation of the care and service they had received during their stay at Nightingale House.

Management and Personnel

There was clear organisational and management structure for Nightingale hospice. The Registered Manager of the hospice had appropriate qualifications and experience to ensure satisfactory care. Staff working at the hospice were also suitably qualified and there was an ongoing system of education and personal development for each member of staff. There was a mixture of staff disciplines within the hospice, all of whom had relevant qualifications and training to undertake their roles. Qualified and experienced nurses lead nursing care both in the ward and day centre supported by health care support workers. The ward duty roster confirmed that the number and skill mix of staff on each shift over a 24 hour period were appropriate to the number and needs of inpatients at the time of inspection. Staffing levels were adjusted to meet varying inpatient needs and numbers as required.

Nursing staff maintained their practice in accordance to their registration body the Nursing and Midwifery council. Medical care is led and reviewed by the medical director.

The overarching Human Resource policy was found to be out of date and required immediate review. There were systems in place to ensure that all staff were up to date with their professional qualifications. All medical, nursing and allied therapeutic staff were registered with the appropriate professional organisation confirming registration to practice. All staff had a current, valid DBS check (Disclosure Barring Service). All newly employed staff and volunteers followed an induction programme that included health and safety issues.

A large number of volunteers were engaged and provided a valuable service in a variety of roles both within the hospice and through fundraising. Volunteers do not provide personal care. In determining suitability for engagement at Nightingale House, volunteers submit to the same rigorous procedures as staff recruited for employment. Volunteers participate in an annual performance review and were provided with induction and ongoing training opportunities.

Medical, nursing, therapeutic professionals and ancillary staff engaged in annual appraisal, performance review, and professional support. Staff were expected to keep themselves up to date with both clinical and professional practice and with the policies and procedures used within the hospice. All attended regular training to maintain and update skills and knowledge with regard to palliative care and statutory health and safety issues. Many nurses held specialist palliative care qualifications. One member of the team had undertaken a master's degree in "Leadership in Hospices".

A multidisciplinary approach to patient care was maintained at Nightingale House. Patients documents viewed at inspection confirm that medical, nursing, physiotherapists, and occupational therapists were involved in an individual's care.

Healthcare records examined were integrated, generally of a good standard, clear, legible and compliant with professional codes of practice.

Standards, clinical guidelines and core care pathways were based on evidence and best practice, for example National Cancer Standards and Fundamentals of Care, however some core care pathways required a review and updating.

Multidisciplinary case conferences were held weekly to discuss planned admissions and discharges and care of patients in receipt of services, confirmed by a meeting held on the day of inspection. Case conferences involved community professionals and MacMillan Nurses and other members of the wider multi-disciplinary team and outside agencies as required.

Nightingale House was active within the community in its fundraising role, and many volunteers were involved in fundraising, lottery and promotions in North East Wales and in particular the Wrexham Area. Consequently, Nightingale House had a high profile within the area, and had a reputation for high standards of care and services.

Risk Management

There was a Risk Management Committee, whose membership comprised representatives from each team. A risk register was held and monitored as part of the Clinical Governance Strategy. An Infection Control link nurse undertakes regular audits and links with the local Infection Control committee at the local NHS hospital. There was an audit programme covering a wide range of topics, the outcomes of which are reviewed as part of the Clinical Governance Strategy. There was an annual Governance Report.

Quality Improvement was monitored in a number of key areas, including the following, care, clinical practice and service delivery and a "Quality Dashboard " was outlined, providing graphic data to demonstrate compliance, achievements and areas for action and further improvement. Patient's satisfaction surveys and suggestion boxes placed around the hospice, provided opportunities for patients and their visitors to raise issues of concern and to contribute to the quality improvement process.

There was a clear and robust complaints process. A service user group had been commenced but response and support had been limited, there were now plans to involve carers in the recruitment process.

Premises, Environment and Facilities

Due to the unannounced nature of the inspection, not all of the servicing and technical documentation was examined on this occasion.

The accommodation was located within a tranquil landscaped garden setting. Of particular note was the creation of the free-style landscaped garden to the inner courtyard area, together with the provision of a small greenhouse area.

A modernisation of some of the accommodation was under preliminary consideration, and part of the scheme would be to convert the 4 bedded rooms into family rooms, with small kitchen facilities. Also, it was hoped to be able to convert the former Lymphoedema clinical room into a small gymnasium area for patients.

Internally, the buildings were very pleasant and well maintained, with all the patient accommodation located on the ground floor level. Disabled access was provided throughout the ground floor accommodation and a vertical shaft lift was available, should communication be required to the first floor level.

Small informal lounge areas were provided in several locations, affording private meeting areas, which relatives and patient could use.

The patient dining area was pleasantly laid out with height adjustable tables, and wheel chairs for ease of access. The adjacent Diversional Therapy lounge was laid out in a similar manner.

The Hairdressing Room had been upgraded to provide a 'rise and fall' hair washing basin, and the adjacent Hydrotherapy area had been refurbished to include a new specialised patient hoist and pool transfer equipment. Following a risk assessment, a staff emergency procedure rota was in place to aid safe evacuation of the pool and surrounding areas, in the event of an emergency.

Since the last inspection, energy efficient central heating boilers had been fitted together with the installation of photovoltaic panels on five of the roof areas. It was also hoped to progress with the installation of solar panels, which would pre-heat much of the heating and domestic hot water.

Records of testing on the fire alarm installation were available, and greater attention is required for regular weekly testing. The installation is maintained by an outside contract, and the last annual service report was in June 2013. It should be ensured that the frequency of servicing the installation is in accordance with the Fire Risk Assessment.

The Periodic Re-inspection certificate for the electrical wiring installation was available for the inspection made on 10th September 2013, and was valid for three years.

Portable appliance testing was carried out on a 'risk assessment' basis, and records adequately maintained

The passenger lifts were maintained under a service contract, and had received an insurance inspection on 21st January 2014.

Records for servicing and inspection of patient lifting hoists and overhead track hoists were available on file.

Concerns

It was noted that oxygen and entonox cylinders were inappropriately stored on the main bedroom corridor, and these should be safely placed in accordance with medical gas cylinder policies.

The Utility Room was being used as a general storage area, and the addition of some additional shelving would be beneficial.

No records were available for monthly, six monthly or annual testing of the emergency lighting installation. It was therefore requested that a full three hour discharge test be carried out to ascertain the efficiency of the installation.

A Fire Risk Assessment for the premises was not available, nor were any records available for testing of emergency lighting installation. In respect of the latter deficiency, a full three hour test should be carried out on the installation, to ensure its efficiency.

A copy of the Legionella Risk Assessment was not available, and a copy should be forwarded to HIW for information.

Records management

Patient's records were clear, extensive and up to date and all members of the multidisciplinary team used the same record system. There were a range of policies and procedures to guide staff in practice and for audit and benchmarking purposes however many of these were in need of review. A review of the Controlled Drugs register revealed seven incorrect entries or missing signatures and this was brought to the attention of the Registered Manager on the day of inspection.

Research

The hospice had a clear and appropriate research policy, protocols and guidelines to ensure appropriate conduct and research is undertaken with the appropriate informed consent. There was a research assistant employed by Nightingale Hospice.

The visit highlighted the issues below and these were provided in a verbal overview to the registered manager on 18 March 2014.

New requirements from this inspection:

Action Required	Timescale for completion	Regulation Number
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A number of policies were found to be out of date and require review	48 Hours	Regulation 9 (1) (3) (4) Completed 15/4/14
Health and Safety Policies are out of date and in need of review.	48 Hours	Regulation 9(1) (e) (k) (n) Completed 15/4/14
The Medicines Management Policy was found to be out of date in need of review	48 Hours	Regulation 9(1)(m) and 15 (5) (a) (b) Completed 15/4/14
The Child Protection Policy was found to be out of date and in need of review.	48 Hours	Regulation 16(1)(a)(b) Completed 15/4/14
Lone Working policy was found to be out of date in need of review.	48 Hours	Regulation 9(1)(e) and 20 (4) Completed 15/4/14
Human Resources Policies were found to be out of date in need of review.	48 Hours	Regulation 9(1)(e)(h) Regulation 20(3)(a)(b) Regulation 20(4) Completed 15/4/14
Records Management Policy was found to be out of date in need of review.	48 Hours	Regulation 9(1) (f) and 15 (5) (a) (b) Completed 15/4/14
Whistleblowing Policy was found to be out of date in need of review.	48 Hours	Regulation 9 (2) (a) (c) Completed 15/4/14

Medical Gases policy was found to be out of date in need of review.	48 Hours	Regulation 9(1)(d) and 15 (5) (a) (b) Completed 15/4/14
Manual Handling policy was found to be out of date in need of review.	48 Hours	Regulation 9(1)(e) Completed 15/4/14
Clinical Governance policy was found to be out of date in need of review.	48 Hours	Regulation 9(1)(o) Regulation 19(1)(a)(b)(c)(d)(e) Regulation 26(1)(a) Completed 15/4/14
Laundry policy was found to be out of date in need of review.	48 Hours	Regulation 26(1)(a) Completed 15/4/14
Housekeeping policy was found to be out of date in need of review.	48 Hours	Regulation 9(3)(a)(b)(c)(d) and 17 (1) Completed 15/4/14
Deprivation of Liberty policy was found to be out of date in need of review.	48 Hours	Regulation 38(1) Completed 15/4/14
Resuscitation Policy was found to be out of date in need of review.	48 Hours	Regulation 15(1)(a)(b)
There were six missing signatures found in the Controlled Drugs Records Book and in one instance there appeared to be a missing controlled drug tablet	Immediate and ongoing action undertaken by RM. Further action updates as required. Confirmed 21 March 2014	Regulation 9(m) and 15 (5) (a) (b) Completed 15/4/14 Ongoing

<p>Oxygen and Entoinox medical gas cylinders should be stored in accordance with medical gas policies.</p> <p>A copy of the current Fire Risk Assessment should be provided, together with a copy of the action plan arising from that Assessment.</p> <p>Carry out a full 3 Hour discharge test of the emergency lighting installation.</p> <p>Undertake any repairs/replacements arising from the testing of emergency lights.</p> <p>As the installation of solar panels is likely to be some months away, service the two Andrews water heaters that were excluded from the recent servicing of the central heating boilers.</p> <p>Provide a copy of the current Legionella Risk Assessment and action plan.</p>	<p>72 Hours</p> <p>48 Hours Action completed on day of visit.</p> <p>72 Hours. Completed</p> <p>72 Hours Action Completed 21 March 2014</p> <p>1 Week Completed</p> <p>1 Week Completed 21 March 2014</p> <p>72 Hours Action Plan and completed outcomes sent to HIW 24 March 2014.</p>	<p>Regulation 26(4)(f)</p> <p>Regulation 15(10)</p> <p>Regulation26(4)(f)</p> <p>Regulation26(2)(a)&(4)(b)</p> <p>Regulation26(2)(a)&(4)(b)</p> <p>Regulation26(2)(a)</p> <p>Regulation26(2)(a)</p>
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Good practice Recommendations:

- Some patients with extended length wheelchairs had problems in getting through internal doors without difficulty. Automated doors would enable easier accessibility and would make a real difference to their independence and dignity. Some external doors had been replaced with double automated doors and HIW understands that consideration is being given to replacing internal doors similarly.
- Some core care plans were in need of a review and updating
- A more systematic approach to appraisals, supervision and support structures is


being developed

Healthcare Inspectorate Wales (HIW) would like to thank all members of staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

A copy of this letter is being sent to Mrs Tracey Livingstone, Registered Manager and Director of Nursing & Patient Services at Nightingale House Hospice.

Yours sincerely

A handwritten signature in purple ink, appearing to read 'Phil Price', is written above a solid horizontal line.

Phil Price
Inspection Manager