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Dear Ms Kath Jones,

Re: Healthcare Inspectorate Wales (HIW) announced visit to Ty Gobaith Children's Hospice on the 16th July 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to Ty Gobaith Children's Hospice on the 16th July 2014.

Background and Main Findings

Ty Gobaith is a five bedded hospice providing respite and palliative care for people from new born to 25 years old who suffer from life limiting conditions. The hospice is a purpose built facility in a rural area standing in its own well-kept and cultivated grounds overlooking the Conwy Estuary. There were good ramped access pathways to all areas of the grounds to enable the children, young persons, and their families to enjoy the facilities. The grounds are landscaped which makes a very attractive setting. There are designated play areas for the children and young persons and ample car parking. There is also an area for remembrance within the hospice and a wall mural where people can place a memorial to their loved ones.

The aim of Ty Gobaith is to provide as homely an atmosphere as possible where the family are prioritised. Ty Gobaith provides a bereavement support service and will keep in touch with families for as long as the family wish, which can vary from months to years. Ty Gobaith has its own transport that is used for trips and outings. The atmosphere is very positive and staff appeared to enjoy their work and are encouraged to develop care.

The treatment provided is person centred and needs assessments are thorough and based on recognised evidence. Procedures and policies are available, and used by, staff to guide in care provision. HIW had the opportunity to speak to family members during the announced inspection. Comments with reference to all aspects of the service were very positive from all parties.

Statement of Purpose and Patients Guide

Ty Gobaith had a clear Statement of Purpose and Patient's Guide containing easily accessible information, available in a bilingual format. The patients guide contains appropriate and comprehensive information in an appropriate style for the patient group. Ty Gobaith Hospice has an annual report available for prospective patients, families, and staff. Appropriate agencies and assistance, such as language line and translators are used when needed to ensure that communication is effective.

Patient Centred Care

Care is person centred, based on evidence and of a high standard with appropriate policies and procedures in place to assist staff with the provision of care. The hospice follows national clinical guidelines, the National Institute for Clinical Excellence (NICE) and all relevant sources of good practice to inform policies and procedures specific to the speciality of the service provision. There are clear monitoring and auditing systems in place.

A review of all clinical procedures is currently been undertaken with a view to updating the evidence base for these procedures. The assessment and treatment plans for the children and young people at Ty Gobaith are based on comprehensive information gathering from a multi-disciplinary model. Staff provide home visits prior to admission to the hospice and if desired the family is able to stay in the hospice with the child/young person. The children and young persons attend the hospice for a limited period of time and this is done on a rotational and needs basis, with due consideration being given to those who live and socialise in the same community and school, which is commendable.

The assessment model is biopsychosocial taking into consideration biological, psychological and social aspects, including religion. Care is determined according to individual patient needs and assessment, and documentation about patients is extensive and ongoing. Discussion with staff and parents revealed that patients and their families were fully involved in decision making about their care. Treatment and care choices are explained to families/carers and information is also given in writing. The information provided to patients, families, and carers is clear and easily accessible. Children and young persons have the right to access their health records. A plan of a patient's normal day is formulated during the assessment process and used to inform elements of the care plan. Family wishes regarding care/treatment of a child and young person, should they become very ill, are clearly stated. Parental involvement in patient care is encouraged and promoted during every stage of their illness. Patient privacy, dignity, and individuality are considered and data protection procedures are in operation in accordance with legislation about confidentiality.

Appropriately trained staff care for the children and a system of key workers for each child and young person is maintained. There are clinical governance policies and

auditing procedures in place with benchmarking being undertaken by the management, on a quarterly basis. All audit results are considered through the clinical governance arrangements and action plans are developed and implemented as required.

There are good links with the North Wales Paediatric Palliative Care Network, Hope House, and other organisations offering palliative care for children across North Wales. Bereavement counselling is offered to people both inside and outside of Ty Gobaith and there are three qualified counsellors who work at the hospice, in addition to qualified volunteer counsellors. In the past year, an outreach counselling service has been developed based at Rhyl and Glan Clywd Hospital and this has proved very successful, particularly for traumatic bereavement.

There is a nurse in post to assist with transition from child to adult services and a neonatal nurse who offers support and expertise within National Health Service (NHS) hospitals neonatal units. Both these positions are part-time shared with Hope House Hospice.

HIW had opportunities to observe the interaction of patients and staff during a period of play therapy. Individual play therapy was initiated and led by the child and the interactions observed demonstrated that staff members were knowledgeable in meeting individual preferences. Structured therapeutic play activities were also observed, such as creating a memory book and personal celebration cards for parents.

Facilities for children and young persons were varied and encompassed all age ranges, interests and where possible had been adapted so that patients with extremely limited physical abilities could participate, engage and enjoy. This included separate activity areas such as computer/games room, teenage lounge room and a sensory room.

Valid Consent of Children

There is a consent policy in place and consent issues are taken seriously. Consent for information gathering and sharing is always obtained from the child and young person where possible. Recent work has been undertaken to assess all relevant patients for mental capacity and deprivation of liberty as, at times, patients have their movements minimally restrained to prevent self-harm. This work has been challenging as some patients have fluctuating mental capacity and the work demonstrates a commitment to ensuring that all care is patient centred and in the best interests of the patient.

Records of Care

The care plans and policies reviewed on inspection demonstrated patient centred care. Patients and families had been informed of the process of admission and discharge and the involvement of both children and parents in decisions about care were clearly evidenced.

Delivery of Palliative Care

There are qualified nursing staff who also have additional children training, social workers, allied health professionals and health care assistants working within the hospice. Consultation is made with NHS palliative care consultants and palliative care teams as and whenever required.

Case discussions take place on a weekly basis to discuss specific problems and reflect on the care provided, thus providing a forum for staff support. Care is given in a child and young person friendly environment and affords patients and parents the privacy they require, and enables them to be treated with dignity at all times. The family counsellor has specific training in loss and bereavement to support children, young persons, and their families.

The hospice has a separate staff counsellor who assists with a well developed system of both individual and group clinical supervision for all staff. There is an ongoing education and training programme for staff and educational facilities, reference books, computers, and a quiet room available for staff working within the hospice.

Medications are generally given by the nursing staff, although there is self medication policy in place should patients wish to self medicate. Some patients have the mental capacity to self medicate but are unable to achieve this due to their physical disabilities and there are procedures in place to enable them to have control over the medication process as far as possible.

Policies and procedures are in place regarding overnight and accommodation for relatives, the action to be taken at the time of death, and last offices which include guidelines in relation to different ethnic and religious cultures. Staff use specialist equipment for pain relief for those nearing death and pain assessments, are completed by trained nurses. Ty Gobaith has a separate special bedroom to allow the child/young person to lie, after death, for a period that may encompass a few days in peaceful surroundings. A separate and private garden is also accessed through this facility.

Patient, Family, and Carer Views

Due to the age of the patients currently residing at the hospice, HIW were unable to ask for patient viewpoints. Observations throughout the visit, which included a mealtime, indicated that overall the patients were very settled, happy, and contented.

Family members who had consented and agreed to talk to members of the inspection team, expressed very high satisfaction with all aspects of the service provision. One person commented on the twenty four hour support given by the hospice staff, "I can call at any time day or night". Another person commented "I know my child is in safe hands, I have no worries at all...Staff are excellent, everyone is so good".

One query raised, was the length of time taken with re-admissions. Even though the patient was known to the hospice staff and there may have been little and/or no change in their condition and treatment, a detailed admission process was in place. It must be noted that it was clearly understood why the admission was detailed and comprehensive to minimise any risk of new information being overlooked. This was discussed with the manager during feedback and will be raised within the patient and staff discussion group.

Staff Views

A number of staff were interviewed and were extremely positive about their roles and the team working at the hospice. Comments included the following:

“I can use my skills and knowledge and I look forward to coming to work.”

“I do not want to work anywhere else. I have the time and support to use my skills and also to develop and learn.”

“I am lucky to work here. I help make a difference.”

“The manager is supportive and approachable, we are all members of a team. This is really important.”

Human Resources

There is clear organisational and management structure at Ty Gobaith. The manager of the hospice has appropriate qualifications, skills and experience to ensure satisfactory care for the children. There is a mixture of staff disciplines within the hospice, all of whom have relevant qualifications and training to undertake their roles and there is an ongoing system of education and personal development for each member of staff.

Nursing staff maintain their practice in accordance with their registration body the Nursing and Midwifery Council (NMC) and continue to update their knowledge and improve their practice with regular study. There are Criminal Records Bureau/Disclosure Barring Service (CRB/DBS) checks on all staff and there are systems in place to ensure that all staff are up-to-date with their professional qualifications. All healthcare workers have undertaken appropriate training to enable them to provide a good standard of care. All required information was available in staff files.

There are appropriate personnel policies and procedures, robust recruitment, and induction procedures in place and these are currently been reviewed and updated. All new staff undergo a comprehensive induction programme that covers health and safety issues, including moving and handling, fire, and food hygiene etc. in addition to clinical and practice issues relating to the work that they will be undertaking. Ongoing training is well organised. In addition to this there is ongoing supervision and ad hoc training

sessions. A formal recorded system of annual appraisal that highlights staff training development needs is in place.

Child and Adult Protection Procedures

The hospice maintains a copy of the All Wales Child Protection Procedures and Working Together to Safeguard Children is kept in the resource room. The policy contains a summary of the child abuse procedure, defines what constitutes child abuse, and children's rights and action to be taken by staff if abuse is suspected. There is also a list of the Area Child Protection Committee, a contact number for the Social Services Department and an 'out of hours' contact number. Training for staff on child protection is carried out at induction and annually. The Protection of Vulnerable Adults (POVA) policy requires review and updating.

Complaints

Clear systems are in place for complaints management. The hospice statement of purpose and patient's guide contains information in relation to complaints and lists of independent advocates are available with the complaint procedure. Records of complaints are maintained within Ty Gobaiith Hospice and are regularly audited and outcomes acted upon.

Health and Safety and Risk Management

Risk assessments are in place. Clinically there are systems in place to reduce risks to both staff and patients, such as moving and handling policies and education and training in the use of intravenous devices. Staff are required to sign a record confirming when they have read and understood the risk management policy. The policy also makes reference to emergency and contingency plans. All risk management related activities are reported to the board of trustees via the Speciality Group four times a year. Summaries are reported on an annual basis and include complaints, accidents, incidents, clinical errors, sickness, and absence.

There is medicines management committee who meet regularly to discuss any issues. Medicines management training has recently been delivered to all nursing staff to increase safety of medication administration within the hospice.

Policies and procedures were in place and a review of these is currently ongoing. The registered person informed the inspector that they are complying with relevant legislation including, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), and Control of Substances Hazardous to Health Regulations, (COSHH).

Pharmaceutical Services

There are clear prescription charts and policies and procedures guiding staff on the administration, storing, and handling of medicines. There was a comprehensive and detailed system in operation with regard to the prescribing, administration, and recording of medications within the hospice. Specific procedures are available to clarify and update any changes in a patient's prescription both on admission and during the patients stay. This is noted as good practice.

The hospice has no pharmacy department and medicines are supplied under a Service Level Agreement (SLA) with the North West Wales NHS Trust and medicines are supplied by a local pharmacy department within a hospital. On the day of inspection, potential problems with stock drugs and the supply of these was found, and this was discussed with the manager, immediate review of the arrangements will be undertaken.

All medicines are stored appropriately according to legislation. Records are kept of all medicines received and of those disposed of or returned to the family at the end of the child's and young persons stay. Storage arrangements are good with a dedicated room with cupboards for the purpose. There is a locked medicine fridge. Controlled drugs are stored and handled in accordance with the Misuse of Drugs Act and its Regulations.

There are trained nursing staff who undertake the administration of medicines. All drugs are administered in accordance with legislation and good practice requirements. Nurse-led administration of medicines is currently being reviewed with a view to move to Patient Group Directives and this work will be validated by the Local Health Board (LHB) Drugs and Therapeutics committee. In view of this the nurse led administration of treatment policy was found to be in need of review and this was discussed at the time of the visit.

Oxygen is the only gas stored or used. HIW was informed that the maintenance officer was trained and competent to conduct routine checks of equipment. The British Oxygen Company (BOC) carry out servicing and maintenance works. A procedure for the use of oxygen in an emergency has been developed.

Infection Control

There are appropriate policies and procedures in place to reduce infection. There is adequate equipment and education for staff and two members of staff are currently undertaken the All Wales Infection Control training, one of whom is the lead nurse for infection control within the hospice. The hospice promotes hand hygiene. There is a policy on sharps disposal and what action to take in the event of a needle stick injury. There are links that exist with the Local Trust NHS infection control teams. All staff had the principles of infection control training on induction.

The use of medical devices is limited and 'once only use' equipment such as sharps, syringes, and dressings etc. are not re-used and are disposed of promptly and appropriately. Other equipment such as suction apparatus is audited regularly to ensure that disposable/sterile parts do not pass their expiry dates.

Resuscitation

The aim of the hospice is to provide care for the dying but there is a resuscitation policy available and staff are appropriately trained. Children's resuscitation and transfer issues are assessed at each stay. Children and young people and their families are consulted with regard to their wishes in the matter of resuscitation. Patients not identified as in the 'end of life' phase of their care will receive appropriate care. Resuscitation equipment is in place. Resuscitation/emergency trolley and equipment are checked to ensure that it was in working order on a regular basis and that records were maintained. There are plans to obtain a defibrillator to enhance the facilities available particularly in relation to staff and visitors.

Records Management

There are appropriate policies and procedures in place relating to confidential information that take into account the Data Protection Act, recommendations of the Caldicott Committee report and current guidance from professional bodies. Senior staff are familiar with these policies and training is provided to other staff during induction and annually. Health records are stored securely and arrangements are in place to protect the records from use by unauthorised persons, damage, or loss. Records are kept for the required periods under legislation.

Patient records are clear, extensive and up to date and all members of the multidisciplinary team use the same record system. There are a range of policies and procedures to guide staff in practice and for audit and benchmarking purposes. A photocopy of the daily record is provided to the child/parents on discharge from the hospice.

Research

There is no research initiated at the establishment, occasionally there is a request for involvement with research undertaken by others and there is a research policy in place.

Premises, Environment and Facilities

The hospice was a purpose designed building, located in an attractive rural location overlooking the Conwy estuary. The building is entered via electronic controlled entrance doors, providing security to the premises. There were several lounges and areas of recreation provided, with the bedroom accommodation situated at the end of

the building in a dedicated quiet wing. Also within this wing were bedrooms where parents could stay on occasions, if they wished.

Bedrooms were very tastefully decorated and furnished, and equipped with wash basin facilities. A variety of beds and equipment were provided to suit the particular needs of the children, spare beds being stored in a new external store area, with fire detection linked to the main hospice system. Each pair of bedrooms shared a combined assisted bathroom facility, and overhead hoist/tracking arrangements were provided. The heating of the bedrooms was by radiant panels located within the ceiling and floor zones, which removed the requirement for any central heating radiators.

A new teenage lounge had recently been created, and required the central heating radiator to be protected, particularly with a bean bag situated adjacent to it. All four bedrooms had replacement external door assemblies provided, which included overhead restraints of the door in windy conditions. Opening of the slave leaf permitted transfer of a bed directly to the open air, if required.

The fire alarm system was tested weekly, and serviced quarterly, taking in 25% of the system on each visit. The emergency lighting system was tested monthly, with appropriate discharge tests undertaken as required. There was a stand-by generator situated on the site, and this was run-up weekly and serviced annually. Fire extinguishers were inspected monthly and serviced annually, and the patient call system was tested weekly.

The electrical wiring installation had been tested on 14th April 2014, and a satisfactory certificate issued, which was valid for a five year period. Portable electrical appliances were tested in-house, and a certificate of calibration was available for the testing meter. Ceiling hoists and portable patient hoists had all been inspected and tested within the last twelve months.

The main central heating boilers had been serviced on 30th July 2013, but no copy of a servicing report was available. The boilers are due for servicing again shortly, and a copy of this service report should be forwarded. In addition, a new gas combi-boiler had been fitted last December to supply the external accommodation provided for social workers, counselling, meetings and training.

A Legionella Risk Assessment had been prepared for the water distribution system in June 2011, with a review due in 2013. This review does not appear to have been made, and arrangements should be made to undertake this as soon as possible, and to monitor return temperatures to the calorifier. In the meantime, water blending valve checks are being made daily.

A sluicing/disinfectant machine is installed within the premises, and this was last serviced in March 2014. The mains drainage system from the building flows into a septic tank arrangement, and is emptied under contractual arrangements. Piped oxygen supplies

are available within the building, and these are fed from a central manifold adjacent to the building, and a further reserve manifold is located within the outbuildings. The maintenance manager is trained in the use of medical gasses every three years.

Verbal feedback was given throughout and at the end of inspection.

New requirements from this inspection:

Action Required	Regulation Number
Nurse initiated treatment policy requires updating	Regulation 9(m) and 15 (5) (a) (b)
Provide protection to the central heating radiator in the new teenage lounge	Regulation 26(2)(a)
Forward copy of boiler servicing report, when received	Regulation 26(2)(a)
Carry out a review of the Legionella Risk Assessment, and formulate an action plan. Forward a copy to HIW for information	Regulation 26(2)(a)

Good Practice Recommendations

Review stock medication arrangements

HIW would like to thank all 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.

Yours sincerely



Phil Price
Inspection Manager