

**Ty Gobaith
Tremorfa Lane
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Conwy
LL32 8SS**

Inspection 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager and Reviewers:
4 February 2010	Phil Price Dr H Davies

Introduction

Independent healthcare providers in Wales must be registered with the Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. The HIW tests providers' compliance by assessing each registered establishment and agency against a set of *National Minimum Standards*, which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: **www.hiw.org.uk**.

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and main findings

Ty Gobaith was first registered in July 2004. The inspection took place on the 4 February 2010. Ty Gobaith is a 5 bed hospice providing respite and palliative care for children and adults up to the age of twenty five (25) years who suffer from life limiting conditions. Ty Gobaith is a purpose built facility in a rural area standing in its own well-kept and cultivated grounds overlooking the Conwy Estuary. There are good ramped access pathways to all areas of the grounds to enable the children and their families to enjoy the facilities. The grounds are landscaped which makes for a very attractive setting. There are designated play areas for the children and ample car parking. There are currently plans to extend the office space available for staff working at the hospice, planning permission has been granted and work on this is due to commence in the summer of 2010.

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 want, 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 were encouraged to develop care and enjoyed working there. The treatment provided was person centred and needs assessments were thorough and based on recognised evidence. Procedures and policies were available to, and used by, staff to guide in care provision. The inspector 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 & 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 contained comprehensive information in an appropriate style for the patient group. Ty Gobaith Hospice had an annual report available for prospective patients/patients families and staff. Appropriate agencies and/or assistance such as language line/ translators were utilised when needed to ensure that communication was effective.

Policy and procedure were in place regarding advertising in line with codes of practice.

Patient-Centred Care

Care was 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 followed national clinical guidelines, the national institute for clinical practice and all relevant sources of good practice to inform policies and procedures specific to the speciality of the service provision. There were clear monitoring and auditing systems in place. A review of all clinical procedures was currently been undertaken with a view to updating the evidence base for these systems. The assessment and treatment plans for the children at Ty Gobaith were based on comprehensive information gathered from a multi-disciplinary model. Staff provided home visits prior to children's admission to the hospice and if desired the family was able to stay in the hospice with the child. The children attended the hospice for a limited period of time and this was done on a rotational and needs basis, with due consideration being given to children who lived and socialised in the same community and or school, which was commendable.

The assessment was bio-psychosocial and psychological and included religious and social interests. Care was determined according to individual patient need and assessment and documentation about patients was extensive and ongoing. Discussion with staff and parents revealed that children and their families were fully involved in decision making about their care. Treatment and care choices were explained to families and carers and information was also given in writing. The information provided to patients, families and carers was clear and easily accessible. Children had the right to access their health records; a plan of the child's normal day was formulated during the assessment process and used to inform elements of the care plan. The families' wishes regarding care/treatment if a child should become very ill were clearly stated. Parental involvement in the child's care was encouraged and promoted during every stage of the child's illness. Children's privacy, dignity and individuality were considered and data protection procedures were in operation in accordance with legislation regarding confidentiality.

Appropriately trained staff cared for the children and a system of key workers for each child was maintained. There were clinical governance policies and auditing procedures in place with benchmarking being undertaken by the management board on a quarterly basis. All audit results were considered through the Clinical Governance arrangements and action plans were developed and implemented as required.

Valid Consent of Children

There was a Consent policy in place and consent issues were taken seriously. Consent for information gathering and sharing was always obtained from the child where possible.

Records of Care

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

Delivery of Palliative Care

There were qualified nursing staff who also had additional children training, social workers, allied health professionals and health care assistants working within the hospice. Consultation was made with National Health Service (NHS) palliative care consultants and palliative care teams as and whenever required. Case discussions took place on a weekly basis to discuss specific problems and reflect on the care provided, thus providing a forum for staff support.

The child friendly environment in which care was given afforded the children and parents the privacy they required and enabled them to be treated with dignity at all times. The family Counsellor had specific training in Loss and Bereavement to support the children and their families. They also employed a separate Staff Counsellor who assisted with a well developed system of both individual and group clinical supervision for all staff. There was an ongoing education and training programme for staff and educational facilities, reference books, computers and a quiet room were available for staff working within the hospice.

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

Human resources

There was clear organisational and management structure for Ty Gobaith. The manager of the hospice had appropriate qualifications, skills and experience to ensure satisfactory care for the children.

There was a mixture of staff disciplines within the hospice, all of whom had relevant qualifications and training to undertake their roles and there was an ongoing system of education and personal development for each member of staff. Nursing staff maintained their practice in accordance with their registration body the Nursing and Midwifery Council (NMC) and continued to update their knowledge and improve their

practice with regular study. There were Criminal Records Bureau (CRB) checks available on all staff and there were systems in place to ensure that all staff were up to date with their professional qualifications. All health care workers had undertaken appropriate training to enable them to provide a good standard of care. There was a contract in place with Conwy and Denbighshire NHS Trust Occupational Health Department regarding blood screening. Information was available in staff files. There were appropriate personnel policies and procedures and robust recruitment and induction procedures in place and these were being reviewed and updated. All new staff had undergone a comprehensive induction programme that covered health and safety issues including moving and handling, fire and food hygiene etc as well as clinical and practice issues relating to the work that they would be undertaking. Ongoing training was well organised, in addition to this there was ongoing supervision and ad hoc training sessions. A formal recorded system of annual appraisal that highlighted staff training development needs was in place.

Child and Adult Protection Procedures

The hospice maintained a copy of the All Wales Child Protection Procedures and Working Together to Safeguard Children which was kept in the resource room. The policy contained a summary of the child abuse procedure; defined what constituted child abuse and children's rights and action to be taken by staff if abuse was suspected. There was also a list of the Area Child Protection Committee, a contact number for the Social Services Dept and an 'out of hours' contact number. Training for staff on child protection was carried out at induction and annually. The Protection of Vulnerable Adults policy required review and updating.

Complaints

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

Maintenance Plan

There was a preventative maintenance plan in place that covered all areas of the establishment and buildings. This included a rolling programme of maintenance with defined processes of daily monitoring, audit, repair and replacements in place. Maintenance and associated records appertaining to fire safety, electrical, gas and equipment were available. The manager monitored Medical Device Agency (MDA) alerts and ensured that the appropriate actions were taken as required.

Facilities

The facilities at Ty Gobaith were of good quality. The premises were designed and maintained with the safety of children in mind. The Hospice was accessed via a foyer and security locks were fitted to the internal access door. The reception was located in this area to ensure that persons entering the building could be observed and welcomed. All the administration offices were at ground floor level. There was a large

pleasant open-plan lounge and dining room available which was very pleasantly decorated, adjacent to the kitchen. There were various other lounges available throughout the ground floor to enable children and their families to socialise or have privacy and quiet if they so wish. The designs of the bedrooms were such that they could be adapted to suit the very young or much older child. Bedrooms were light, spacious, child friendly and personalised to the wishes of the child occupying that room. Rooms had been provided with an individual nurse call system, heating system that can be individually controlled, and a couch type bed in the window for the use of parents or siblings in addition to the child's bed. A variety of adjustable beds and cots were available to meet the needs of the individual children. Blinds to the window in the doors ensured privacy as required. Bathroom and toilet facilities were accessible from the children's bedrooms and were very spacious, providing specialist baths/showers and ceiling tracking hoists. There were playrooms, a music room, computer area, multi-sensory room, library, therapy rooms and parents lounge located on the ground floor, all of which are well equipped and specifically designed to accommodate the disabled child. There was a wide variety of play equipment to meet the needs of children of different ages, developmental and intellectual abilities as well for those with sensory impairment. Activity (play) staff were employed at the hospice. All communal/activity areas accessed by the children had appropriate adaptations to enable free access regardless of their physical difficulties. The environment was clean, and appropriately decorated. All areas of the premises were adequately lit.

Catering

Ty Gobaith employed one catering manager, who was assisted by a kitchen assistant. The preparation and kitchen area were both found to be clean and well maintained. Cleaning schedules and Hazard Analysis Critical Control Point (H.A.A.C.P.) were in place. Food was handled, prepared and delivered in accordance with food safety legislation. Staff training records illustrated that basic food hygiene courses were implemented annually. Each patient, as appropriate, were offered three full meals per day and menu choices included at least one cooked meal option per day. Special diets were provided on the advice of professional staff or a dietician. Food was presented in a manner which was attractive and appealing in terms of texture and flavour. The catering manager kept a detailed file on all patients individual food likes and dislikes.

Health & Safety and Risk Management

Risk assessments were in place. Clinically there were 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 members were required to sign a record, confirming when they had read and understood the risk management policy. The policy also made reference to emergency and contingency plans. All risk management related activities were reported to "The Board of Trustees" via the Speciality Group four times a year. Summaries were reported on an annual basis and included complaints, accidents, incidents, clinical errors, sickness and absence. Policies and procedures were in place and a review of these was currently ongoing. The registered person informed the inspector that they were complying with relevant legislation including, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, (RIDDOR) 1985, Control of Substances Hazardous to Health Regulations, (COSHH) 1988.

Pharmaceutical services

There were clear prescription charts and policies and procedures guiding staff on the administration, storing and handling of medicines.

The Hospice had no pharmacy department and medicines were supplied under a service level agreement with the North west Wales NHS Trust and medicines were supplied by a local pharmacy department within a hospital. On the day of inspection some 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 were stored appropriately according to legislation. Records were kept of all medicines received and of those disposed of or returned to the family at the end of the child's stay. Storage arrangements were good with a dedicated room with cupboards for the purpose. There was a locked medicine fridge. Controlled drugs were stored and handled in accordance with the Misuse of Drugs Act and its Regulations.

There were trained nursing staff to undertake the administration of medicines. All drugs were administered in accordance with legislation and good practice requirements.

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

Infection Control

There were appropriate policies and procedures in place to reduce infection. There was adequate equipment and education for staff. Two members of staff were currently undertaking the All Wales Infection Control training, one of whom was the lead nurse for infection control within the hospice. The hospice promoted hand hygiene. There was a policy on sharps disposal and the action to be taken in the event of a needle stick injury. There were links with the Local Trust NHS infection control teams. All staff had the principles of infection control training on induction.

The use of medical devices was limited and 'once only use' equipment such as sharps, syringes and dressings etc were not reused and were disposed of promptly and appropriately. Other equipment such as suction apparatus was audited regularly to ensure that disposable/sterile parts did not pass their expiry dates.

Resuscitation

The aim of the hospice was to provide care for the dying but there was a resuscitation policy available and staff were appropriately trained. Children's resuscitation and transfer issues were assessed at each stay. Children and their families were consulted with regard to their wishes in the matter of resuscitation. Patient's not identified as in the 'end of life' phase of their care would receive appropriate care. Resuscitation

equipment was in place. Resuscitation/Emergency Trolley and equipment were checked to ensure that they were in working order on a regular basis and that records were maintained.

Contracts

Policies/procedures were in place in relation to contracts for the procurement of service and goods. There were contracts or service level agreements available in relation to the provision of services by staff. Quality assurance monitoring was in place regarding procured services and goods relevant to the hospice.

Regular audits and reviews of contract arrangements was undertaken and guidelines of the actions to be taken if the service provision/goods were not of the required standard.

Records Management

There were appropriate policies and procedures in place relating to confidential information that took into account the Data Protection Act, recommendations of the Caldicott Committee report and current guidance from professional bodies. Senior staff were familiar with these policies and training was provided to other staff during induction and annually.

Health records were stored securely and arrangements were in place to protect the records from use by unauthorised persons, damage or loss. Records were kept for the required periods under legislation.

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

Research

There was no research initiated at the establishment, but occasionally there was a request for involvement with research undertaken by others. In view of this, a review and update of the research policy was recommended

Achievements and compliance

There were no outstanding regulatory requirements from the 2008-2009 inspection cycle.

Registration Types

This registration is granted according the type of service provided. This report is for the following type of service

Description
Independent Hospital Palliative care - Hospice for children

Conditions of registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition number	Condition of Registration	Judgement
1.	The number of children/young people aged 0 - 25 years old for whom nursing care and residential accommodation with board can be provided shall not exceed FIVE (5).	Compliant
2.	The main purpose of the establishment is to provide palliative care to children and young people	Compliant
3.	A Registered Sick Children's Nurse (or equivalent qualification) or Medical Practitioner must be in the establishment whenever children/young people are receiving care and/or resident.	Compliant

Assessments

The Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. The Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: A self assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number.

- Core standards
- Service specific standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment	Standard Met
C2	The treatment and care provided are patient - centred	Standard Met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard Met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard Met
C5	The terminal care and death of patients is handled appropriately and sensitively	Standard Met
C6	Patients views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients	Standard Met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services	Standard Met
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services	Standard Met
C9	Patients receive care from appropriately recruited, trained and qualified staff	Standard Met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard Met
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners	Standard Met
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice	Standard Met
C13	Patients and personnel are not infected with blood borne viruses	Standard Met
C14	Children receiving treatment are protected effectively from abuse	Standard Met
C15	Adults receiving care are protected effectively from abuse	Standard Met
C16	Patients have access to an effective complaints process	Standard Met
C17	Patients receive appropriate information about how to make a complaint	Standard Met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice	Standard Met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment	Standard Met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition	Standard Met
C21	Patients receive appropriate catering services	Standard Met

Number	Standard Topic	Assessment
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately	Standard Met
C23	The appropriate health and safety measures are in place	Standard Met
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard almost met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard Met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard Met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard Met
C28	Patients are not treated with contaminated medical devices	Standard Met
C29	Patients are resuscitated appropriately and effectively	Standard Met
C30	Contracts ensure that patients receive goods and services of the appropriate quality	Standard Met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice Recommendations	Standard Met
C32	Patients are assured of appropriately competed health records	Standard Met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality	Standard Met
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects	Standard Met

Service specific standards - these are specific to the type of establishment inspected

Number	Hospice Standards	Assessment
H1	Arrangements for care in hospices	Standard Met
H2	Palliative care expertise and training for multi-professional teams	Standard Met
H3	Assessment of patient's and carer's needs	Standard Met
H4	Delivery of palliative care	Standard Met
H5	Records of care	Standard Met
H6	Infection control	Standard Met
H7	Resuscitation	Standard Met
H8	Responsibility for pharmaceutical services	Standard Met
H9	Ordering, storage, use and disposal of medicines	Standard almost met
H10	Administration of medicines	Standard Met
H11	Self administration of medicines	Standard Met
H12	Storage and supply of medical gases	Standard Met
H13	Assessment and care of children	Standard Met
H14	Qualifications and training for staff caring for children	Standard Met
H15	Environment of care for children	Standard Met

Schedules of information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose	Standard Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Standard Met
3 (Part I)	Period for which medical records must be retained	Standard Met
3 (Part II)	Record to be maintained for inspection	Standard Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Standard not inspected

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the 'registered person' who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. The Healthcare Inspectorate Wales will request the registered person to provide an 'action plan' confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown. *[Note: requirements must be enforceable against a regulation. Make sure that what you require is a regulatory breach. Remember not all of the NMS amount to a breach of a regulation].*

Standard	Regulation	Requirement	Time scale
C22.1 , C23.1,2, 3,4	Regulation 8 (1) (c) (e)	<p>Findings: Health and Safety and Human Resources policies are no longer in date.</p> <p>Action Required The registered person is required to develop a statement to verify that whilst new policies are being developed the existing policies will continue to be used.</p>	48 hours (Completed)
C9.1 2010	Regulation 8 (1)(h)	<p>Findings: Human Resources policy requires updating.</p> <p>Action Required Action review and revise as necessary Human Resources policy.</p>	June 2010
C 25. 3	Regulation 14(5)	<p>Findings: Some stock medications were found to be out of date and questioning revealed some problems with the pharmacy arrangements for replenishing stock.</p> <p>Action Required The registered person is required to review and rectify current system.</p>	5 th March 2010 (Completed)
C 22.1	Regulation 8 (1) (c)(e)	<p>Findings: Health and Safety policy requires updating.</p> <p>Action Required The registered person is required to review and revise as necessary Health and Safety policy.</p>	April 2010

Recommendations

Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced.

Standard	Recommendation
C34.1,2,3	Development of a new research policy.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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