



Independent Healthcare Inspection (Unannounced)

Skanda Vale Hospice

Inspection date:

11 & 12 July 2017

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Contents

1.	What we did	5
2.	Summary of our inspection	6
3.	What we found	8
	Quality of patient experience	10
	Delivery of safe and effective care	14
	Quality of management and leadership	21
4.	What next?	24
5.	How we inspect independent services	25
	Appendix A – Summary of concerns resolved during the inspection	26
	Appendix B – Improvement plan	27

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Skanda Vale hospice on the 11 and 12 July 2017.

Our team, for the inspection comprised of a HIW manager and two clinical peer reviewers.. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

Overall, we found evidence that the service provided safe and effective care. High standards of care and treatment were identified with all staff focussed on delivering patient centred holistic care and support. Areas of innovation were identified in relation to certain assessment documentation.

We found some evidence that the service was not fully compliant with all standards/regulations in all areas and these have been identified within the report.

This is what we found the service did well:

- Staff demonstrated a very caring and courteous approach to the delivery of holistic care and treatment
- The environment was of an excellent standard
- Patients and their relatives were very happy with the services provided at the hospice
- Meals provided at the hospice were appetising and wholesome
- Interactions between staff and patients were dignified and respectful
- There were clear lines of accountability

This is what we recommend the service could improve:

- The understanding and implementation of Deprivation of Liberty Safeguards (DOLS) within the service provision
- Introduce systems to ensure patient safety in relation to the stairs
- Evaluate the current infection control policies procedures in operation and implement infection control audits
- Undertake regular staff audits

We identified regulatory breaches during this inspection regarding certain policies and procedure, staff appraisals, DOLS management and patient assessments. Further details can be found in Appendix B. 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 non-compliance with regulations.

3. What we found

Background of the service

Skanda Vale Hospice is registered to provide an independent hospital at Skanda Vale hospice, Saron, Llandysul, Carmarthenshire, SA44 5DY.

The hospice is registered with the following Conditions of Registration

Condition 1

The hospice can only provide overnight respite care in line with the latest statement of purpose agreed with Healthcare Inspectorate Wales.

Condition 2

The number of patients accommodated overnight shall not exceed 6 (six).

Condition 3

No treatment is provided to persons under the age of 18 (eighteen) years.

Condition 4

You are registered to provide care for patients who have been diagnosed with a life-limiting condition where either there are no further curative treatment options and /or are undergoing curative options but for whom prognosis is uncertain.

Condition 5

You are not registered to provide care for patients who require the following treatment:

Intravenous medication or fluids

Blood or blood product transfusions

Invasive ventilatory support

Condition 6

The hospice can provide day hospice care every Tuesday and Friday.

The service was registered on 27 July 2016.

The service employs a staff team which includes, clinical nurse manager, deputy clinical nurse manager, qualified nurses, senior care staff, support staff and a whole host of managerial and administrative team members.

Skanda Vale provides a needs based palliative care service to adults living with a life limiting illness.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

All discussions held with patients and their family members were very enthusiastic and supportive of the services delivered at Skanda Vale. Patients and their relatives/carers were being treated with dignity and respect. They were provided with opportunities to feedback about their experience, through the utilisation of face to face discussions and post visit questionnaires.

All staff demonstrated kindness and compassion when dealing with patients.

Skanda Vale provides excellent facilities for patients and their relatives. All bedrooms are furnished to a high standard with some rooms having balconies with stunning views of the surrounding countryside.

We also spoke to 4 patients and members of their families during the inspection and two questionnaires were returned. Patient comments included the following:

This service is 100%, I could not ask for anything better

The staff here are wonderful, happy considerate people who should be used as a template for staff in all care situation

I have been offered and experienced alternative treatments, i.e. reiki, massage etc.

Health promotion, protection and improvement

The focus of the hospice is to provide individualised patient centred care services. This is undertaken through a range of methods including support and guidance from the multi-disciplinary team.

Help, support and advice is provided to patients to manage their own health and improve symptom management. The hospice utilised a range of alternative

therapy resources and relaxation methods to promote patients physical, mental, emotional and religious wellbeing.

Examples of alternative techniques used are reiki, meditation, sound therapy, massage, reflexology, aromatherapy, homeopathy and therapy choir to name but a few. The purpose of all these therapies was to promote patients wellbeing and support the management of their conditions and symptoms.

Dignity and respect

During the entire visit all members of the inspection team viewed patients and their relatives being cared for in a dignified and courteous manner. Patients and relatives confirmed to members of the inspection team their positive experiences, praising the staff for the considerate and dignified care being provided to them. Patients were dressed in their own clothes and made their own decisions as to when to get up in the morning, what to wear, activities for the day, where to eat and when to retire to bed. All patients had their continence needs assessed during their admission and provided with ongoing support during their respite stay at the hospice.

Members of the inspection team took the lunchtime meal with patients, staff and relatives and the experience was warm, friendly and inclusive.

All patient rooms were en-suite and provided a lovely environment for patients to relax and go about their daily lives in an unobtrusive manner. Family and friends could also stay with patients in their rooms or accommodation in an adjacent building was available.

The entire layout of the building had been thoroughly thought out and designed with patients as the focus. A large lounge / dining room and smaller lounge activity rooms were available. A non denominational circular room was also available for patients and relatives. Externally the gardens had been tastefully designed and provided a lovely space for people to walk and relax.

Patient information and consent

The hospice had developed a statement of purpose and users guide which provided detailed information in regards to the hospice, its ethos and services offered.

We were informed that relatives were involved in discussing aspects of patients' care requirements in cases where patients were experiencing difficulties fully understanding information. We viewed that there was limited written information available in Welsh. We advise that the hospice look at providing more written

material bilingually as there is a high percentage of Welsh speaking people both locally in the vicinity and within Carmarthenshire and Ceredigion.

Communicating effectively

During our discussions with staff and observing staff communicating with patients and relatives, it was identified that all staff were aware of the need to maintain discretion at all times. Offices and designated rooms were available for staff to talk to patients and family should they need to have private discussions. Patients records were kept secured and locked away in a designated staff room when not in use.

We were informed that there was bilingual staff available for Welsh speaking patients.

Care planning and provision

All care plans and assessments viewed were bespoke to the needs and requirements of the individual patients. Assessments viewed were written with the patients at its core and included detailed information regarding the patients. The patients and relatives' involvement was clearly evident within the documentation. Information was well organised and easy to locate. We identified that some improvements were required in relation to specifically identifying and documenting risks of falls, skin, sepsis and pain. All of these areas were identified to a certain extent within other assessments. However, we recommend that these areas be made specific and documented accordingly.

Improvement needed

It is recommended that the service develop specific assessments in relation to falls, skin integrity / pressure area, sepsis and pain.

Equality, diversity and human rights

We observed staff providing care and support in a way that promoted and protected patients' rights.

Staff were observed protecting the privacy and dignity of patients when delivering care or having discussions with patients and relatives. For example doors to rooms were closed when care was being delivered and staff always knocked on patients room doors prior to entering.

Citizen engagement and feedback

The hospice obtained feedback from patients and relatives at all possible opportunities. Patients were able to provide feedback during their entire stay at the hospice. On their last day at the hospice, prior to going home, patients were provided with satisfaction surveys. We were informed that results of patient satisfaction surveys were included in the organisations annual report. Following our inspection visit we were provided with a draft copy of the most recent satisfaction survey which would be published in due course within the annual report. Feedback can also be provided on-line via their website. Patient stories and feedback was also available on the hospices [website](#) and via their Facebook page.

There were good systems in place for managing complaints. Information was available for patients, family and visitors informing them how to raise complaints / concerns.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, staff provide excellent safe and effective care to patients and supported their families in a holistic and inclusive manner.

There are numerous policies and procedures in operation to ensure that patients receive care and treatment bespoke to their requirements. We evidenced that patients' care needs, support and treatment had been assessed by staff and that staff reviewed these assessments regularly in order to promote patients wellbeing.

We identified that some areas of patient assessments in operation required to be improved and made more specific. Emergency equipment resources needs to be reviewed and evaluated in order to provide specialist equipment in the event of a patient, member of staff or visitor becoming unwell with a reversible medical condition.

Managing risk and health and safety

All areas within the hospice had been risk assessed and evaluated. All doors to non patient areas were kept locked and secure when not in use. All staff were issued with electronic key cards to open designated doors such as the laundry room. All cleaning solutions and materials were kept secure and doors locked. Files contained up to date relevant information in relation to Control of Substances Hazardous to Health (COSHH) and were freely available.

The hospice had a good range of equipment available relating to emergency care. Airways, oxygen masks and oxygen was available. We did however identify that there was no automated defibrillator available. We recommend the hospice acquires a defibrillator, in order to assure the best possible outcomes for patients who require urgent medical treatment due to a previously un diagnosed condition. The hospice should also take into consideration that the future developments of the service may also see an increasing number of patients, visitors and staff to the premises that could all benefit from this equipment in the event of an emergency.

During our visit, we identified that all patient bedrooms were located on the first floor. Access to the first floor was either via a lift or two stairways. We identified that some patients could potentially be at risk of falling down the main stair case if they were confused. We were informed that additional support and supervision was provided for patients demonstrating signs of confusion but this may not always be evident during the initial assessment. We therefore recommend that the hospice reviews how access to the staircase could be better managed in order to assure patients do not come to any unforeseen harm.

Improvement needed

The service should consider purchasing a defibrillator for the purpose of providing essential emergency assistance for the benefit of to patients, staff and visitors.

The service must evaluate the management of the staircase in order to ensure the safety of vulnerable patients, who are at risk of falling down the stairs.

Infection prevention and control (IPC) and decontamination

During our visit we found the hospice to be very clean neat and tidy. The building had been totally refurbished to a high standard. No unsavoury odours were experienced. Patients' rooms were cleaned daily to a very high standard. Cleaning audits were viewed and these were completed comprehensively. We observed during our visit that sufficient personal protective equipment such as gloves and gown were freely available. We observed staff washing their hands following patient contact. Staff were questioned regarding the importance of hand washing and they demonstrated a clear understanding of its importance especially in relation to medically vulnerable patients.

We viewed the sluice room and it was well presented and set out in order to promote good standards of infection prevention. Equipment was stored appropriately and decontaminated thoroughly. Commodes are provided to patients requiring one and this would stay with that patient in their designated room for the duration of their respite visit. This promotes good practice in relation to infection control and prevention.

Bed mattresses were decontaminated regularly and always undertaken when the patients leave following their respite stay.

At present, there was no infection rate data available at the hospice. We recommend that the hospice develop this area of service provision in order to identify strengths and weaknesses in their practice and highlight possible trends.

Sharps bins viewed within the hospice were not overfilled and were stored and maintained securely.

Staff had received training in relation to infection prevention and control. The hospice also had a range of infection control policies and procedures in operation. We identified that many of these were outdated and required revision in order to be assured that best practice was being followed.

We identified that at present the hospice does not have a designated needle stick policy and procedure in operation. We recommend that the hospice develop these core policies and procedures in order to promote safe and effective practice.

Improvement needed

The service is recommended to commence regular hand hygiene audits in order to promote best infection prevention and control practices.

The service must look at developing systems of recording infection rate data.

The service must review all infection prevention and control policies and procedures in operation in order to ensure best practice is being followed.

The service must develop clear and concise policies and procedures in the event of a needle stick injury.

Nutrition

During our visit the inspection team sat with patients, staff and relatives and had a lunchtime meal together. Everyone thought the food was appetising and nutritious. Meal times were valued by all patients, relatives and staff and it was viewed as a sociable time. All patients were assessed in relation to the assistance that they required with eating / drinking and we observed staff assisting patients in a calm, dignified and unobtrusive manner. During the assessment patients likes and dislikes were documented. A food trolley was brought into the dining room and the food was served without delay and staff appeared well organised and effective in their management of the mealtime.

The quantity of food portions was good. Patients were offered alternatives at mealtimes if the food was not to their preference.

Medicines management

The hospice was not utilising the all Wales Drug Charts, but had their own documentation for the safe and effective management of medication administration. Medication documents viewed demonstrated that records were completed thoroughly and consistently. No gaps in administration were identified in records. Records evidenced clearly what medication had been administered by staff. Medication was dispensed by a local pharmacy in the town nearby. Patients requiring oxygen, at present, brought their own oxygen cylinders with them. The hospice had installed oxygen points and piping but as yet were not using this facility. With the proposed expansion of the hospice services in the future, we were advised that the hospices own oxygen provision would be utilised. At present no staff administered intravenous medication. If this was required, the hospice would have assistance from Hywel Dda University Health Board staff.

All patients were assessed in order to ascertain if they were capable of safely self administering their own medication. If deemed competent, patients' medication was stored in their own rooms in secure locked cabinets. Patients would receive support to ensure that they administered their own medication in a safe and effective manner. All other medication cabinets were stored in a locked treatment room. We identified that, at present, the hospice did not monitor the temperature of the room where medication was stored. We recommend that this be evaluated because certain medications can begin to perish and become less effective if the temperature rises above 25 degree C.

There were three fridge located on the first floor. Only one fridge was used to store medication. It was identified that the same thermometer was used to record the temperatures of all the fridges. We recommend designated thermometers for each fridge in order to reduce possible cross infection. The hospice should consider in the future purchasing fridges which are specifically for the storage of medicines.

Patients at the hospice do not wear name bands, but careful practices are in operation to ensure the correct identity of patients and that they only receive their designated medication.

During our visit we did not view any medication being left unattended.

Improvement needed

The service must ensure that all fridges that contain medication have designated thermometers.

Daily monitoring of rooms where medication is stored should be commenced.

Safeguarding children and safeguarding vulnerable adults

Patients were able to access all patient facilities without obstruction. Staff areas were secured sufficiently to ensure the safety of patients in the hospice. We were advised that, occasionally, some patients required to be under constant supervision due to their medical conditions. During these occasions additional staff would be on duty in order to support the patients fully.

During our evaluation of patients records we identified that Deprivation of Liberty Safeguards (DoLS) were not being considered fully as an integral component of ensuring patients had the designated capacity to consent to receiving care and treatment. Patients with some confusion were not being assessed adequately and this area of practice was identified as requiring improvement.

Improvement needed

The service must develop and consider deprivation of liberty safeguards (DoLS) as fundamental components of all patients receiving care and treatment at the setting.

Medical devices, equipment and diagnostic systems

The hospice had sufficient numbers of hoists, monitoring equipment, commodes and pressure relieving mattresses available to meet the needs of all patients. All equipment viewed were maintained to good standards and serviced regularly under contract. Portable appliance testing (PAT) was also rigorously monitored at regular intervals. All beds in operation at the hospice are electronic which allow patients to alter its height and position according to

their preference. All beds are supplied with high risk mattresses to assist with the prevention of pressure area damage arising.

Safe and clinically effective care

The hospice did not utilise patient status at a glance boards (PAGB)¹. Due to the small size of the hospice staff were very aware of patients conditions, needs and requirements. A prompting board was available with the initials of patients and their designated room.

We were advised that patients with a diagnosis or demonstrating signs of confusion / dementia were provided with additional supervision, in order to ensure their wellbeing and safety. As previously identified the hospice must ensure that DOLS is considered for all patients especially those with dementia or demonstrating signs of confusion.

Pain management was undertaken in a consistent manner. Patients were assessed for their pain and medication provided as prescribed. The hospice also promoted the use of alternative therapies to manage pain in order to provide a comprehensive and holistic pain management plan for patients. Therapies such as massage, aromatherapy and reiki were used to promote patients wellbeing and address the symptoms of pain.

Participating in quality improvement activities

The hospice held regular staff meetings and training events. Records of staff meetings were viewed. The hospice was always looking to innovate and provide the best possible services for patients. One such area of innovation identified was the creation of a document which specifically assessed patients' wellbeing. This documented assessment enabled patients to directly evaluate their current feeling of wellbeing and re assess it following the introduction of specific interventions.

Records management

¹ PSAG is a visual patient management system which shows important patient information that can be updated regularly. The aim is to make patient information clear and easily understandable for staff.

We found patient records were being stored securely when not in use to prevent access by unauthorised persons. Patients' records demonstrated consistency and continuity of inputs. Records were complete and gave a true and accurate account of patients' respite stay at the hospice.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

Overall, we saw management structures, lines of delegation and clear lines of accountability visible at the hospice. The services provided at Skanda Vale were very well managed and all managerial staff demonstrated a clear vision for the service. Patients were placed at the heart of all managerial decisions.

Some improvements were required specifically in relation to the staff annual appraisals and training in relation to deprivation of liberty safeguards.

Discussions with staff all confirmed that good training was provided and that managers operated an open and transparent style to management within the hospice.

Governance and accountability framework

During our first day at the service, we were introduced to the deputy clinical manager who was in charge during the day. The deputy clinical manager was very experienced and knowledgeable in caring for patients with life limiting conditions. We were provided with all information requested in a comprehensive manner.

We were informed during our visit that the service was looking to expand over the forthcoming year. The intention was to provide longer periods of respite, increasing from the current 4 days provision. The service was gearing up to these changes by ensuring staff were receiving designated training and support in order to provide the best possible care and support for patients.

Dealing with concerns and managing incidents

The hospice had robust policies procedures and monitoring systems in place in order to monitor concerns, complaints and incidents. We viewed records which

clearly demonstrated that the hospice had followed their own processes in dealing with concerns / complaints.

An accident book was also viewed and it contained detailed information on accidents and near misses. The accident book was being stored behind the reception desk location in order to be a prompt to staff to complete a accident log. Unfortunately this was not the best place to store this book as there was information present in it pertaining to staff and patients. We informed the management of this issue and it was relocated to a more appropriate location.

Workforce planning, training and organisational development

We were informed by staff that training was provided regularly at the hospice. Staff were able to request specific training pertinent to their roles. During staff training days, specialist training would be provided as required. Following our visit, we were provided with a spreadsheet of all staff training. We identified some staff required specific training in order to provide the best possible outcomes for patients. We identified that there was at present no training provided to staff in relation to Deprivation of Liberty Safeguards. We considered this to be an integral training requirement for staff working at the hospice.

We saw records identified that staff appraisals were at present not being performed in a timely manner. We recommend that all staff be provided with an annual appraisal in a timely and consistent manner

Improvement needed

The service must ensure that staff receive all mandatory training in a timely manner.

All staff to be provided with specialist training in relation to deprivation of liberty safeguards.

All staff to receive annual appraisals.

Workforce recruitment and employment practices

There were comprehensive recruitment practices in operation. We viewed a sample of staff files and identified that all staff had received a disclosure and barring service check. References and job applications were also stored on file. Contracts of employment were also available and had been signed by the employee. Qualified nurses working at the hospice also had documentation in

place evidencing their registration status with the Nursing and Midwifery Council

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
The Accident book which contained private information was being stored in a public behind the reception desk	This meant confidential information was not being stored securely.	We raised this issue immediately with the hospices management.	Accident book removed and stored in a more appropriate location.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>management from September 2017.</p> <ul style="list-style-type: none"> • We will revise our current pain assessment tool to reflect our person centred documentation, consulting the local palliative care teams and other adult hospices to include current knowledge and best practice. • We will immediately put into place a skin integrity assessment for use in September respite as a temporary measure until developing our own tool in line with our current philosophy of person centred care • We will devise a person centred pressure area/skin integrity assessment in line with current knowledge and best practice. • We will liaise with the local team and incorporate local and NICE guidance in the development of the skin integrity assessment. • We will liaise with the Local Health Board to follow the sepsis 		<p>End of October 2017</p> <p>Beginning of September 2017</p> <p>End of October 2017</p> <p>End of October 2017</p> <p>11 September</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>pathway for identification in the community and NICE guidance using a current assessment tool.</p> <ul style="list-style-type: none"> The assessment tool will be available for use during September respite provision, with an easy to follow flowchart for action. We will provide all team members with education in 'Think Sepsis', including a section in the team handbook for ongoing reference. 		<p>2017</p> <p>End of October 2017</p>
Delivery of safe and effective care				
<p>The service should consider purchasing a defibrillator for the purpose of providing essential emergency assistance for the benefit of to patients, staff and visitors.</p> <p>The service must evaluate the management of the staircase in order to ensure the safety of vulnerable patients, who are at risk of falling down the stairs.</p>	<p>22. Managing risk and health and safety</p> <p>12. Environment</p> <p>4. Emergency Planning Arrangements</p>	<ul style="list-style-type: none"> We will liaise with the local community to address the purchase of a community defibrillator, which will be sited in an external location for use by the whole community. We will pursue funding options for the purchase of the defibrillator in conjunction with the local community and other grant funding options. 	<p>Registered Manager and Community Fundraising Team.</p>	<p>End of November 2017.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> Immediately we will introduce a risk assessment regarding individual safety with regards to the staircase for all patients admitted for respite care. All patient specific actions will be adhered to during their stay at the hospice. We will seek independent health and safety guidance on the management of the staircase, looking at all options of keeping our patients safe in the environment. 	Registered Manager and Hospice Manager	<p>By 11 September 2017.</p> <p>End of November 2017.</p>
<p>The service is recommended to commence regular hand hygiene audits in order to promote best infection prevention and control practices.</p> <p>The service must look at developing systems of recording infection rate data.</p> <p>The service must review all infection prevention and control policies and procedures in operation in order to ensure best practice is being followed.</p>	13. Infection prevention and control (IPC) and decontamination	<ul style="list-style-type: none"> An audit tool has been developed for general use in the hospice. We will develop a planned audit cycle for hand washing and other infection prevention and control related areas. We will carry out our first hand washing audit during respite provision in October 2017. 	Registered Manager and Deputy Clinical Lead	End of October 2017

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The service must develop clear and concise policies and procedures in the event of a needle stick injury.</p>		<ul style="list-style-type: none"> We will liaise with the local infection prevention team to include current knowledge and best practice in the updating of the Infection Prevention and Control Policies and Procedures. A system will be developed for recording infection rate data, based on current systems used in other adult hospices in Wales. We will finalise the draft 'Policy for the Prevention and Treatment of Exposure to Blood Borne Viruses' and seek its ratification by the Board of Trustees. All team members will be informed of its introduction and its availability in both hard and electronic copies. 		Immediately
<p>The service must ensure that all fridges that contain medication have designated thermometers.</p> <p>Daily monitoring of rooms where medication is stored should be commenced.</p>	15. Medicines management	<ul style="list-style-type: none"> We will purchase a dedicated fridge thermometer for the medicines fridge in the Clinical Room and room thermometers for the Clinical Room and each bedroom as medicines are also stored there when patients are 	Registered Manager and Hospice Manager	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		procedures and relevant documentation relating to the individual care and treatment of each patient during their respite stay at the hospice.		
Quality of management and leadership				
<p>The service must ensure that staff receive all mandatory training in a timely manner.</p> <p>All staff to be provided with specialist training in relation to deprivation of liberty safeguards.</p> <p>All staff to receive annual appraisals.</p>	25. Workforce planning, training and organisational development	<ul style="list-style-type: none"> We will develop a team members training data base which includes date of completion and required date of update. We are currently exploring e-learning packages for mandatory training modules, ideally looking to align training with the all Wales NHS mandatory leaning package. We are currently seeking funding for the post of Clinical Volunteer Co-ordinator and Team Development Facilitator. This post will be responsible for ensuring mandatory training is received in a timely manner and accurate records are maintained regarding renewal dates. 	Registered Manager and Human Resources Co-ordinator	<p>End of October 2017.</p> <p>End of December 2017.</p> <p>January 2017.</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<ul style="list-style-type: none"> We have arranged DoLS training for 21 September 2017, with formal follow up on a rolling programme with the Local Health Board/Local Authority. We will begin to roll out the annual appraisal system in mid-September 2017. All team members, which includes all volunteers working within the clinical setting, will receive an annual appraisal. All team members will have a date for their appraisal by 30 September 2017. 		<p>End of December 2017.</p> <p>End of September 2017</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Catherine Thompson

Job role: Clinical Lead and Registered Manager

Date: 3 September 2017