



Independent Healthcare Inspection (Un/announced)

St David's Hospice, Llandudno

Inspection date: 22 and 23 May
2018

Publication date: 24 August 2018

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

**Phone: 0300 062 8163
Email: hiw@gov.wales
Fax: 0300 062 8387
Website: www.hiw.org.uk**

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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 St David's Hospice, Abbey Road, Llandudno, LL30 2EN on the 22 and 23 May 2018.

Our team, for the inspection comprised of two HIW inspectors, one clinical peer reviewer and a lay reviewer. 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. However, we found some evidence that the service was not fully compliant with all standards/regulations in all areas.

This is what we found the service did well:

- Patient and carer involvement in care planning
- Care delivery and evaluation
- Multidisciplinary working
- Well maintained and welcoming environment
- A range of clinical auditing undertaken.

This is what we recommend the service could improve:

- Care planning
- Risk assessments
- Display clinical audit results
- Some aspects of staff training
- Regulation 28 reporting process.

We identified regulatory breaches during this inspection regarding care planning, risk assessments and staff training. 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

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

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

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

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

HIW previously inspected the service on 9 and 10 March 2016. The action plan completed by the hospice following the previous inspection was followed up during this inspection.

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.

Patients and their relatives spoken with during the course of the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner.

The whole of the hospice environment was well maintained, clean and tidy

During our inspection, we spoke with patients to obtain their views on the standard of care they received at the setting. We also handed out questionnaires to gain patients' views on the service provided. In total, four completed questionnaires were returned.

Feedback provided by patients was very positive. In responses to the questionnaire, patients rated the care and treatment provided at the hospice as excellent, and all patients agreed that staff were kind and sensitive when carrying out care and treatment and that staff provided care when it was needed. One patient told us:

"[Patient's] first respite visit and care has been excellent"

Health promotion, protection and improvement

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence. We also saw staff involving patients in making decisions regarding daily activities.

We found that the delivery of care was safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff involved in their care.

Policies and procedures had been reviewed and updated as recommended during the last inspection. We found the policies and procedures to be comprehensive and based on current clinical guidelines.

There were good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

All patients agreed in the questionnaires that the setting was both clean and tidy.

We found medicines management arrangements to be in line with current guidelines, effective and well organised.

Dignity and respect

We found that patients were treated with dignity, respect and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Those patients who needed assistance going to the toilet agreed that staff helped with their needs in a sensitive way so they didn't feel embarrassed or ashamed.

Patients also confirmed in the questionnaires that they always had access to a buzzer, and that staff came to them when they used the buzzer.

Patients appeared well cared for with staff paying specific attention to people's appearance and clothing. We saw that patients were supported to change out of their nightwear during the day in order to maintain dignity and promote independence.

Patients were asked in the questionnaires whether they agreed or disagreed with a number of statements about the staff at St David's Hospice. All patients agreed that staff were always polite and listened, both to them and to their friends and family, and told us that staff called them by their preferred name. One patient told us:

“Everybody, Doctors, Nurses and staff have been so helpful, exceptionally helpful”

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

The environment had been thoughtfully designed; rooms were spacious and furnished and decorated to a very good standard. Patients and relatives had access to communal lounge/dining areas, a non-denomination chapel and there were smaller lounge/seating areas for people preferring a more private environment. Relatives could stay overnight, either in the patient's or a relative's room. There was a pleasant enclosed garden and outside seating area for patients and visitors to use.

Most of the patient rooms had en suite shower facilities. The communal bathrooms were spacious and some of them had a Jacuzzi bath.

Patients were offered the opportunity to engage in group and/or individual work and therapy.

Patient information and consent

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

A Patient Status at a Glance board (PSAG)¹ was located in the nurses' station. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to

¹ The Patient Status At a Glance board is a clear and consistent way of displaying patient information within hospital wards.

according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

All patients confirmed in the questionnaires that they were offered the option to communicate with staff in the language of their choice.

We observed that several staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language if preferred.

Care planning and provision

The quality of the patients' records we looked at was generally good. However, we found little documented evidence of care plans being reviewed and updated on a regular basis. Nevertheless, the written evaluations completed by the care staff at the end of each shift were comprehensive and reflective of any changes in the care provided.

Some work had been done following the last inspection of the hospice to personalise core palliative care plans to reflect individual patients' needs. However, we found that further work was needed in this regard. We recommended that care plans be more person centred in format and written from the perspective of the patient.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we found that relatives were being consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provide patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists and physiotherapists.

For those patients in receipt of respite care, we found that there was adequate discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospice.

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

Improvement needed

Care plans must be reviewed and updated on a regular basis and should be person centred in format and written from the perspective of the patient.

Equality, diversity and human rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example doors to bedrooms rooms were closed when care was being delivered.

We found that Mental Capacity assessment and Deprivation of Liberty Safeguards (DoLS)² assessments were being conducted as and when needed.

We found that Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative.

Citizen engagement and feedback

The hospice concerns and complaints procedures are referred to in the Statement of Purpose, Patient Guide and on posters located in prominent positions throughout the hospice. These arrangements were consistent with regulations and standards.

We were told by staff that the number of complaints received about the service was very low.

There was a suggestion box and cards on entry to one part of the building. The hospice is also signed up to the online "iWantGreatCare"³ system, where

² DOLS are a part of the Mental Capacity Act 2005 that provide a means of lawfully depriving someone of their liberty in either a hospital or care home, if it is in their best interests and is the least restrictive way of keeping the person safe from harm.

comments can be left anonymously. The hospice receives a monthly analysis and, on review of the most recent analysis, we found that all the comments were complimentary.

³ iWantGreatCare is an independent healthcare review organisation, used in line with the All Wales Palliative Care Service, where feedback about healthcare services can be provided confidentially. Feedback can be viewed online via <https://www.iwantgreatcare.org/>

Delivery of safe and effective care

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

We found that the staff team were committed to providing patients with safe and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The hospice was clean and tidy and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

Managing risk and health and safety

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients, staff and visitors.

On examination of a sample of patients' care records we found that pressure area risk assessments were being undertaken on admission. However, these were not being reviewed on a regular basis. This was also the case in relation to falls risk assessments.

We found satisfactory security, on-call and emergency planning arrangements in place. Visitors were notified that a CCTV is in operation (which is in certain areas such as the entrance and corridors).

We found that the fire alarm was being tested on a weekly basis and that the fire fighting equipment was being serviced regularly. Portable electrical appliances had been tested as required.

Improvement needed

Pressure area and falls risk assessments must be reviewed on a regular basis and in particular, when there is a change in the patient's condition.

Infection prevention and control (IPC) and decontamination

There was a comprehensive infection control policy in place supported by comprehensive cleaning schedules. We advising that staff sign checklists to confirm that tasks have been completed.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. However, outcomes of such audits were not being displayed on a notice board within the hospice for patients and visitors to see.

Staff had access to, and were using, personal protective equipment (PPE) such as disposable gloves and aprons to reduce cross infection. Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed near entrances/exits for staff and visitors to use, to reduce the risk of cross infection.

Improvement needed

Outcomes of infection prevention and control audits should be displayed on a notice board within the hospice for patients and visitors to see.

Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospice. However, there was no evidence on file of assessments being reviewed at regular intervals.

Patients had access to fluids with water jugs available by the bedside.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

Where appropriate, relatives were encouraged to visit at mealtimes in order to provide assistance and support to patients with their meals. Relatives were also encouraged to participate in other aspects of patient care.

All the meals are freshly cooked on site daily (including the meals served in the hospice café) and looked well presented and very appetising. Patients told us that the food was very good.

All patients that completed a questionnaire told us that they had time to eat their food at their own pace and that water was always accessible.

We found an effective system to cater for individual patient needs with good communication between care and catering staff.

In addition to the main kitchen, there were small kitchens in the day and in-patient units. These were used by staff to prepare drinks and snacks.

As recommended during the last inspection, the hospice had produced a policy regarding diet and nutrition.

Improvement needed

Nutrition and hydration risk assessments must be reviewed on a regular basis and in particular, when there is a change in the patient's condition.

Medicines management

Patients were assessed to identify how much assistance, if any, they required to manage their medication. A lockable cupboard was available in each patient's room to store their own medication. Other medications were being appropriately stored in lockable cupboards in the treatment room, which could only be accessed by staff using the keypad code.

We found that all staff with responsibilities for medication were assessed to ensure they were competent with safe medication practices. We looked at a sample of medication administration records and found these had been fully completed.

A pharmacist attends the hospice on a weekly basis to audit medication and provide guidance and support to staff.

Since the last inspection of the hospice, staff had received training in the administration of intravenous antibiotics. This meant that patients no longer had to be transferred to one of the local hospitals if they needed intravenous antibiotics.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

We were told that there were no active safeguarding issues at the hospice at the time of the inspection.

We suggested that contact information for safeguarding leads within the health board and local authority be displayed in a prominent position within the nurses' station for ease of reference.

Blood management

We found that there was a formal blood transfusion policy in place.

Staff involved in the transfusion process had received training and were regularly assessed to confirm competence.

Blood for transfusion was collected from the local hospital as and when needed with appropriate checks undertaken and records maintained.

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment available which was maintained appropriately.

Safe and clinically effective care

There was evidence of very good multi disciplinary working between the nursing, medical staff and therapy staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

We found that pain assessments were being undertaken on a regular basis and outcomes recorded. Any pain relief administered was appropriately recorded on the medication administration charts.

Information management and communications technology

There was a robust information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, both electronically and in paper format.

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 found good management and leadership at the hospice with staff, in general, commenting positively on the support that they received from the manager.

The majority of staff told us that they were treated fairly at work and that an open and supportive culture existed. Staff also told us that they were aware of the senior management structure within the organisation and that the communication between senior management and staff was generally effective.

Governance and accountability framework

There was a clear structure in place to support the hospice governance and management.

We found that there were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place.

There was a comprehensive a governance self assessment tool in place, which identified any areas that needed improvement or required development. We were shown samples of completed assessments and found that these were regularly reviewed and updated.

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

During our inspection we distributed HIW questionnaires to staff to find out what the working conditions were like, and to gain their views on the quality of care provided to patients at St David's Hospice. In total, we received 11 completed questionnaires from staff undertaking a range of roles at the setting.

In the questionnaires, staff were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. All staff who answered these questions said that patients' privacy and dignity was always maintained, that patient independence is always promoted and that patients and/or their relatives are always involved in decisions about their care.

The majority of staff members told us in the questionnaires that they felt that they were sometimes unable to meet all the conflicting demands on their time at work, but most staff agreed that there is usually enough staff at the organisation to do their job properly.

Staff who completed a questionnaire felt that they always had access to adequate materials, supplies and equipment to do their work and said that they were always able to make suggestions to improve the work of the team. Four out of the eleven staff members who responded indicated that, with regards the organisation as a whole, they are never involved in deciding on changes introduced that affects their work area, team or department.

Staff were asked in the questionnaires to rate how often a number of statements relating to their organisation applied in their experience. The majority of staff members who answered these questions felt that the organisation was always supportive, and that front line professionals who deal with patients are always empowered to speak up and take action when issues arise in line with the requirements of their own professional conduct and competence.

Staff also told us that they felt that the organisation always has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings, and that there is a culture of openness and learning with the organisation that supports staff to identify and solve problems.

Staff who completed the questionnaire strongly agreed that, if a friend or relative needed treatment, they would be happy with the standard of care

provided by the organisation, and also strongly agreed that they would recommend the organisation as a place to work.

Most staff members who completed a questionnaire told us that the organisation always encourages teamwork and believed that care of patients is the organisation's top priority.

The responsible individual (Chief Executive Officer) is based in the hospice. This enables him to monitor the service on a regular basis and makes him accessible to staff, patients and relatives. Members of the Board of Trustees visit the hospice on a regular basis and compile reports as required under Regulation 28. The last such visit was undertaken in November 2017, and a copy of the report produced following the visit was made available to us during this inspection. We noted that there was a delay of approximately three months from the time of the Regulation 28 visit and the report on the visit being presented to members of the Board of Trustees. This process should be reviewed and the report presented to the Board of Trustees in a more timely fashion.

Improvement needed

Regulation 28 reporting process should be reviewed to ensure that reports are presented to the Board of Trustees in a more timely fashion.

Dealing with concerns and managing incidents

There were established processes in place for dealing with concerns and managing incidents at the hospice. There was a formal complaints procedure in place and information on how to make a complaint was noted in the patient's guide and made available in leaflet form. Information was also posted on notice boards in various areas throughout the hospice.

We were informed by staff that the number of complaints received about the hospice were very low.

Staff members who completed a questionnaire told us that the organisation acts on concerns raised by patients.

We reviewed a sample of records relating to concerns and incidents and found that these had been dealt with in line with the hospice's policies.

Almost all staff members who completed a questionnaire knew that patient experience feedback (e.g. patient surveys) was collected and said that they

received regular updates on the patient experience feedback. Staff agreed that patient experience feedback is used to make informed decisions to improve the service.

A few staff members told us, in responses to the questionnaire, that they have seen errors, near misses or incidents in the last month that could have hurt staff or patients. However, the majority of staff who completed a questionnaire agreed that their organisation encourages them to report errors, near misses or incidents, and agreed that when they are reported, the organisation would take action to ensure that they do not happen again.

Staff who completed a questionnaire agreed that the organisation treats staff who are involved in an error, near miss or incident fairly. Staff also told us that they felt the organisation treats any error, near miss or incident that is reported, confidentially, and that they are given feedback about changes made in response to reported errors, near misses and incidents.

All but one staff member who completed a questionnaire said that if they were concerned about unsafe clinical practice they would know how to report it. Staff members also told us that they would feel secure raising concerns about unsafe clinical practice and that they would be confident that their organisation would address their concerns.

Half of the staff also said, in the questionnaires, that they feel that their organisation does not blame or punish people who are involved in errors, near misses or incidents.

Workforce planning, training and organisational development

Staff at the hospice were encouraged to access both in house and external training opportunities. Staff had access to a training room or 'hub' which was located within the clinical, ward area of the hospice. This enabled easy access to written as well as computer based, e-learning material.

The hospice employs a Quality and Education Manager who is responsible for co-ordinating the review of policies, auditing and staff development. The Quality and Education Manager told us that they strive to ensure that staff have access to the training that they need to undertake their duties competently and that they are working towards all staff completing training in mandatory subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding. However, it was recognised that additional focus was required on fire safety, infection control and Mental Capacity Act training as completion scores were below 50%.

In their responses to the questionnaire, staff indicated that they had completed training, during the last 12 months, in fire safety, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards and Health & Safety. Other training for dementia had been completed more than 12 months ago. Over a third of staff told us they had not received training for the privacy and dignity in the care of older persons.

All staff who completed a questionnaire agreed that the training or learning and development they complete helps them to stay up to date with professional requirements, helps them to do their job more effectively and ensures they deliver a better experience for patients. A third of the staff members said that their manager had not supported them to receive the training, learning or development opportunities they had identified as being required.

The majority of staff members, who answered this particular section in the questionnaire, said that they have had an appraisal, annual review or development review of their work in the last 12 months. This was reflected in the matrix provided during inspection. However, it was noted that a number of staff were due an appraisal around the time of the inspection.

Staff were asked questions in the questionnaire about their immediate manager, and the responses given were positive. Staff members generally agreed that their manager encourages those that work for them to work as a team. All but one member or staff said that their manager could be counted on to help them with a difficult task at work.

Seven of the eleven staff who completed a questionnaire, told us that their immediate line manager always gives clear feedback on their work and said that their immediate line manager always asks for their opinion before decisions were made that affect their work. Staff also agreed that their manager was always supportive in a personal crisis.

Staff were asked questions in the questionnaire about their senior managers. All staff members, who completed this section of the questionnaire, reported that they always knew who the senior managers were in the organisation, and felt that senior managers were always committed to patient care.

Staff told us that communication was effective between senior management and staff, and said that senior managers generally involve staff in important decisions and act on staff feedback.

Improvement needed

Steps must be taken to ensure that all staff receive training in fire safety, infection control and Mental Capacity Act.

Workforce recruitment and employment practices

Workforce recruitment practices and procedures were being followed in line with regulations and standards.

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

We were provided with copies of the induction packs for new staff (including a pack for voluntary workers). These packs gave very useful information about the hospice, the organisational structure, staff responsibilities, policies and procedures. An induction checklist was included, which was signed by the new staff member and their manager during the course of the induction.

Staff were asked in the questionnaires whether they agreed or disagreed that in general, their job was good for their health; some staff members who completed a questionnaire agreed with the statement, but the majority of staff told us that they neither agreed or disagreed with the statement. Staff members also agreed that their immediate manager takes a positive interest in their health and well-being and that their organisation takes positive action on health and well-being.

Staff members who completed a questionnaire also felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Comments provided by one staff member in the questionnaires suggested that they had personally experienced discrimination at work from their manager or team leader or other work colleagues in the last 12 months.

Improvement needed

The registered persons should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.

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 summarises 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
No immediate concerns were identified during this inspection.			

Appendix B – Improvement plan

Service: St David's Hospice, Llandudno;

Date of inspection: 22 and 23 May 2018

The table below 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.

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Care plans must be reviewed and updated on a regular basis and should be person centred in format and written from the perspective of the patient.	Regulation 15. (1) (a) Standard 8. Care planning and provision	Care plans are amended at each change in the patient's phase of illness as part of the Outcome Assessment Complexity Collaborative (OACC) package. There will be a monthly audit of the care plans by the Sisters. Results of each will be feedback to the nursing team. The complete nursing documentation has been reviewed. Changes have been made to the core documentation.	Glenys Sullivan, Matron	6 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		A working group will be formed to review and facilitate the personalisation of all the core care plans.		
Delivery of safe and effective care				
Pressure area and falls risk assessments must be reviewed on a regular basis and in particular, when there is a change in the patient's condition.	Regulation 15. (1) (a) (b) (c) (d) Standard 22. Managing risk and health and safety	OACC reviews are carried out each morning by the clinical team. Any change in the phase of illness triggers a review of Integrated Palliative Outcome Scale (IPOS). Review of risk assessments at this time will be formally introduced. A monthly audit will be run in conjunction with the care plan audit. The results of this will be displayed on the notice board with the infection control audit. The nursing documentation including the risk assessment forms are being reviewed and changed.	Glenys Sullivan, Matron	3 months
Outcomes of infection prevention and control audits should be displayed on a notice board within the hospice for patients and visitors to	Standard 13. Infection prevention and control (IPC)	These will be displayed on an existing notice board in the public corridor. Evidence of bathroom/toilet cleaning will	Glenys Sullivan, Matron	Immediately

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
see.	and decontamination	be displayed on a board in each location.		
Nutrition and hydration risk assessments must be reviewed on a regular basis and in particular, when there is a change in the patient's condition.	Regulation 15. (9) (a) Standard 14. Nutrition	St David's will work in partnership with the dietician to review the assessment forms. We will re-establish the link nurse role. Audit of the nutrition and hydration risk assessments will be carried out monthly. The results will be shared with clinical staff.	Glenys Sullivan, Matron	6 months
Quality of management and leadership				
Regulation 28 reporting process should be reviewed to ensure that reports are presented to the Board of Trustees in a more timely fashion.	Regulation 28. (5) (c) 1 Governance and accountability framework		Trystan Pritchard CEO	immediately
Steps must be taken to ensure that all staff receive training in fire safety, infection control and Mental Capacity Act.	Regulation 20. (1) (a)	Fire safety, infection control and mental capacity Act training is accessed via NHS Wales online. All staff with outstanding training will be reminded to	Kirsten Foster Alexander, Quality and Education	3 months

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	25. Workforce planning, training and organisational development	complete this immediately. Ongoing compliance to all mandatory training will be monitored. Current compliance; Fire increased by 20% since 2017 Infection control increased by 10% since 2017 Mental capacity Act increased by 18% since 2017	Manager	
The registered persons should reflect on the less favourable staff responses to some of the questions in the HIW questionnaire, as noted in the Quality of Management and Leadership section of this report, and take action to address the issues highlighted.	Regulation 19. (2) (e) 24. Workforce recruitment and employment practices	Training policy and access criteria to be developed to ensure staff are clear on decision making process Staff to be reminded of Dignity and Respect Policy	Sian Bebb, HR Manager	6 months

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): Glenys Sullivan

Job role: Matron

Date: 9th July 2018