

# Quality Check Summary

## St Kentigern Hospice

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# Findings Record

## Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote Quality Check of St Kentigern Hospice as part of its programme of assurance work. The hospice provides care and support for patients with a life limiting illness and their families. It has the capacity to provide specialist care to up to 12 patients and is currently staffed to provide care for to up to 8 patients.

HIW's quality checks form part of a new tiered approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Care Standards Act 2000, Independent Health Care (Wales) Regulations 2011 and other relevant regulations. Feedback is made available to service representatives at the end of the quality check, in a way which supports learning, development and improvement at both operational and strategic levels.

Quality Checks are a snapshot of the standards of care within healthcare settings. They are conducted entirely offsite and focus on three key areas; infection prevention and control, governance (specifically around staffing) and the environment of care. The work explores arrangements put in place to protect staff and patients from COVID 19, enabling us provide fast and supportive improvement advice on the safe operation of services during the pandemic. More information on our approach to inspections can be found [here](#).

We spoke to the current registered manager, impending registered manager, and the ward sister on 2 February 2021. They provided us with information and evidence about their setting. We used the following key lines of enquiry:

- Is the environment is safe for staff, patients and visitors?
- Is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- Do the staff management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care?

## Environment

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During the quality check, we considered how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors. We reviewed recent risk assessments and incident reviews. We also questioned the setting on the changes they have made to make sure patients continue to receive care and treatment according to their needs.

**The following positive evidence was received:**

We were told the service reopened in March 2020, at the onset of the COVID-19 pandemic, having previously been closed for refurbishment. We saw evidence of an environmental risk assessment which had been completed to ensure the environment is as safe as possible for staff, patients and visitors. We were told that this risk assessment is carried out every six months and mitigating actions put in place for any risks identified.

We were told that all patient rooms were individual en-suite rooms with each room having direct access to the hospice garden. In order to maintain patient privacy and dignity, privacy curtains have been installed in each room. This ensures that patients cannot see into each other's rooms if their bedroom doors are open. Blinds have also been installed in bedroom windows. It was explained to us that the hospice is currently unable to provide day therapies to patients due to the risk of COVID-19 transmission.

Through discussion, it was established that staff at the hospice use the Outcome Assessment and Complexity Collaborative (OACC)<sup>1</sup> suite of measures to assess every patient's individual needs upon admission to the hospice. The needs of the patient's family are also considered as part of this process. The assessment is centred on individual care and relates to how patients are respected, listened to and heard and provides an opportunity for patients to identify their main concerns and worries. We were told that open conversations are held with families with a view to establishing what positive difference staff at the hospice can make to the patient's care. As part of the measure, we were told that the hospice also uses the Views On Care<sup>2</sup> module of the OACC measures. This helps to identify from patients and families what the hospice staff are doing well and what they could improve on. It was explained to us that, in the future, the hospice will introduce the Carer Support needs Assessment Tool (CSNAT)<sup>3</sup> to help identify what the carer's main worries and concerns are and to allow the provision of extra support and to signpost to other organisations for support where needed.

It was explained to us that, as clinicians, staff have a duty of care to promote individualised care and assess patients' spiritual needs. We were told that a clinical training session was recently held for staff to assist with understanding and addressing the spiritual needs and sexuality of patients. We were told the hospice does not currently have a chaplain; however funding is available to secure one in the future. Individual circumstances are considered and

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<sup>1</sup> OACC are outcome measures in palliative care services to measure, demonstrate and improve care for patients and their families. It was launched in Kings College, London in 2013.

<sup>2</sup> Views on Care focuses on the patient's quality of life and perceived impact of the palliative care service.

<sup>3</sup> CSNAT is an evidence-based tool that facilitates tailored support for family members and friends (carers) of adults with long term life-limiting conditions.

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virtual access to spiritual leaders facilitated where required. However we were told that on occasions when a spiritual leader needs to attend in person, it is individually risk assessed and access is gained to individual patient rooms directly from the garden.

We were told that visiting guidelines are updated regularly to ensure the hospice maintain compassion and empathy with patients and visitors. Currently, all patients have one named designated visitor each. We were told that when patients are in the final days of life, relatives and loved ones are permitted to visit, subject to individual risk assessments. Processes are in place to establish whether visitors have any symptoms or COVID-19 or been in contact with any people that have tested positive for COVID-19. All visitors are asked to provide details for the purpose of the track and trace system, shown how to correctly don and doff<sup>4</sup> personal protective equipment (PPE) and escorted by a staff member to the back of the hospice to enter the patient's bedroom directly from the garden area. Visitors from different households are advised not to mix within the patient's bedroom. One bedroom which is currently not in use has been changed to a family room where visitors can wait to avoid visitors from separate households mixing. Any family members or loved ones who wish to stay with the patient overnight must stay in the patient's bedroom and use their en-suite facilities.

It was explained to us that virtual visiting was being encouraged for all patients. Staff are available to support patients to set up virtual video calls with loved ones if required. We were told that electronic devices have been loaned to the hospice by McMillan nurses for patients who did not have access to their own. A cordless landline telephone is also available within the hospice for families to call their loved ones. We were told of appropriate cleaning processes to clean the telephone after each use.

We were also told of a number of changes which had been made to the environment to help protect staff, patients and visitors from the risk of transmission of COVID-19. These included only essential key staff working within the environment with all non-essential staff working from home, social distancing within the hospice, availability of hand sanitising gel and appropriate use of PPE by staff. It was explained to us that the housekeeping team is a small team and are operating an enhanced cleaning regime in the areas of the hospice currently being utilised. We were told the staff meeting room is set up for social distancing and arrangements are in place for virtual all staff meetings to enable all staff to access team meetings.

**No areas for improvement were identified.**

## Infection prevention and control

During the quality check, we considered how the service has responded to the challenges presented by COVID-19. We considered how well the service manages and controls the risk

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<sup>4</sup> Donning and doffing is the process of putting on or removing personal protective equipment.

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of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments.

**The following positive evidence was received:**

The service had a number of comprehensive and recently reviewed policies and procedures in place for infection prevention and control (IPC). During our discussion, we were also told about systems in place within the hospice to manage IPC in accordance with COVID-19 requirements. We were told that all staff access and leave the hospice through the inpatient entrance. This has enabled the inpatient unit to become a “bubble” and staff stay within the inpatient unit during their shift. A sink is located at the entrance and all staff wash their hands and don a mask prior to entering. As staff enter the unit, a room has been converted into a staff changing area where staff change into their uniforms. Guidelines stipulate that only two members of staff are allowed in the room at any time. We were also told that all staff uniforms are laundered on-site. A staff room is available within the inpatient unit for staff to take their breaks.

We reviewed documentation which showed that a Hand Hygiene Audit completed on 27 November 2020 achieved a 100% compliance rate. We were told that a staff clinical effectiveness meeting is held weekly which includes topics such as infection control training and policy review. All staff are encouraged to attend where possible. It was explained to us that the hospice has a medical advisor on the Board who complete regular medical audits within the unit.

During the COVID-19 pandemic, we were told that supplies of PPE had remained stable and was monitored to ensure sufficient stocks. The hospice has an IPC link nurse who conducts in-house IPC training for staff. We were told that face fit testing<sup>5</sup> and additional staff training in donning and doffing had also been provided to help staff apply and remove PPE correctly. We were told that bank staff undertake the same IPC training as permanent staff. We reviewed the mandatory training compliance figures provided by the service which reflected overall high compliance by staff in IPC training.

We were told the hospice has no patients who have tested positive for any infectious disease at present. Staff explained to us the processes in place for caring for patients who test positive for COVID-19 or other infections which we were told are in line with advice and guidelines provided by the health board.

We were told about the processes for staff at the hospice to be tested weekly for COVID-19. Staff also have their temperature taken upon their arrival at the hospice. Staff who are symptomatic are sent straight home to self isolate and be tested. We were told that all front line staff have either received or been booked in for their initial COVID-19 vaccination. It was also explained to us the processes in place at the hospice for testing patients for COVID-

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<sup>5</sup> This enables trained staff to ensure that respiratory protective equipment fits other staff correctly and that they are adequately trained in its use.

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19 and how patients who test positive are cared for.

**The following areas for improvement were identified:**

We were told that regular general IPC audits are not undertaken at the hospice. We recommend that monthly IPC audits are completed to further support processes already in place to minimise the risk of spreading infections.

## Governance

As part of this standard, HIW explored whether management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care.

We reviewed staffing and patient levels, staff training and absences, management structures, ward functions and capacity, incidents and a variety of policies (such as escalation).

**The following positive evidence was received:**

The service told us that the opening of the inpatient unit in March 2020 following a long period of closure initially presented staff challenges given the impact of the pandemic. We were told these challenges had been actively addressed and resolved and that the number of nurses available was now appropriate to care for up to eight patients. We were told that in order to deliver safe and effective care, the ratio of registered nurses and health care support workers was taken into account for each shift. It was explained to us that the ward sister completes the staff rota at least two months in advance, taking into account any booked annual leave, long term sickness, and the skill mix of staff on duty. We were told the core bank pool of registered nurses and health care support workers were consistently employed at the hospice to minimise the risk of transmission, and all attend the mandatory and statutory training. We were told that all referrals received for admission to the inpatient unit are triaged, planned according to need, and staffing levels and competencies taken into account to ensure safe and effective care is delivered. We were told the service proactively recruits to vacant posts and saw documentary evidence to support this.

Staff at the hospice have access to 24 hour specialist palliative care advice and expertise. We were told that this is initially available through an out of hours duty service and support is also available from a consultant advice line within Betsi Cadwaladr University Health Board. We were told that multi-disciplinary team working was effective within the hospice.

We reviewed overall mandatory training figures and identified areas where improvements in compliance could be made. Through discussion with staff it was confirmed that the subjects were all e-learning modules and the ward sister gave assurance that actions were in place to ensure an improvement in compliance figures.

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We discussed what support was available to staff at the hospice. We were told a staff nurse has taken on the role for staff wellbeing during the pandemic. The nurse provides a lot of one to one support to staff on a confidential basis. Staff also have links to wellbeing sites and have been invited to attend training in mindfulness. We were told that support is also available through open discussions at morning handover meetings, team discussions and monthly team meetings. It was explained to us that it was key to ensure effective communication amongst all staff. Support is also available through reflective sessions with staff, especially in challenging cases or circumstances. We were told that staff can also access occupational health support from the health board and can be referred for counselling if required.

We discussed with the service how incidents were reported, managed and responded to. We also reviewed incident data which reflected a number of incidents relating to the hospice telephone system which had been reported since the service had reopened in March 2020. It was positive to note that these had been appropriately escalated and resolved. We were also told of how incidents were reviewed at governance meetings and how feedback and learning was shared.

We were told that patient voice data is collated through the Views On Care tool as referred to earlier in this report. Feedback is gathered and monitored for themes. Positive feedback is communicated to staff verbally and messages and cards of gratitude from patients and families are displayed within the hospice. We were also told of a process for negative feedback and there is a clear complaints process within the service.

We also discussed the arrangements in place within the hospice for making safeguarding referrals and reporting and monitoring them. Whilst it was established that no referrals had been made since the hospice reopened, all staff have completed an e-learning safeguarding module and clear processes were explained to us in the event that a safeguarding referral is required.

**No areas for improvement were identified.**

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## What next?

Where we have identified improvements during our check, which require the service to take action, these are detailed in the improvement plan below.

Where an improvement plan is required, it should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the Quality Check.

As a result of the findings from this quality check, 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.

# Improvement plan

Setting: St Kentigern

Service: Hospice

Date of activity: 2 February 2021

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/Regulation	Service Action	Responsible Officer	Timescale
1	We recommend that monthly IPC audits are completed to further support processes already in place to minimise the risk of spreading infections.	Standard 2.4 Infection Prevention and control and Decontamination	Environmental IPC monthly audits will be carried out including Risk Assessments for CoVID	Joyce Bellingham	1 month

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.

Name: Joyce Bellingham

Date: 18<sup>th</sup> February 2021