Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary
St David's Hospice (Llandudno)
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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

Website: www.hiw.org.uk

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Quality Check Summary

Our approach

Healthcare Inspectorate Wales (HIW) undertook a remote quality check of St David's Hospice as part of its programme of assurance work. St David's is a Voluntary Aided Hospice. Its primary aim is to provide specialist, holistic, palliative care and associated services, free of charge to the people of North West Wales. The Hospice currently has 14 inpatient beds and provision for 10 day care patients.

HIW's quality checks form part of a new tailored approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (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 services. 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 assurance and inspections can be found here.

We spoke to the Registered Manager on 6 July 2021 who provided us with information and evidence about their service. We used the following key lines of enquiry:

- Is the risk of infection assessed and managed to keep patients, visitors and staff safe?
- How do you identify and effectively manage COVID-19 outbreaks / nosocomial transmission?
- Is the environment safe for staff, patients and visitors?
- How do you meet the needs of Welsh speaking patients when accessing healthcare services in the medium of Welsh?
- Do the staff management arrangements ensure that there are sufficient numbers of appropriately trained staff to provide safe and effective care?
- How do you ensure that equality and a rights based approach are embedded across the service?
- What arrangements are in place to ensure Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) discussion and decision making is undertaken appropriately and sensitively?

Environment

During the quality check, we considered how the service has responded to the challenges presented by COVID-19 and how the service has designed and managed the environment of care to keep it as safe as possible for patients, staff and visitors.

The key documents we reviewed included the fire safety risk assessment and consequent action plan, the most recent falls audit results and the most recent pressure and tissue damage audit results.

We also questioned the service representatives 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:

The changes made to the environment due to COVID-19 were described. These included removing the nurses' station carpet, replacing this with a wipe clean floor, and replacing the fabric chairs with wipe clean chairs. A spare room at the hospice had also been converted into a changing room for staff. Additional hours were also allocated to the housekeeping team to ensure more regular cleaning of frequently used areas such as the toilets and the doors.

The evidence provided stated that the hospice had continued to accept patients, including COVID-19 positive patients for end of life care. The patients, on admission, were allocated to one of four rooms, which the hospice were able to convert into a secure isolation area. Patients were then given a polymerase chain reaction (PCR)[1] test. When the result was returned as negative, the patient would be transferred to the non-isolation area. If the result was positive the patient was nursed in the isolation area.

We were told that visitors were allowed into the hospice throughout the pandemic. The number of visitors allowed was reduced to two per visit from the same bubble[2] and the time allowed reduced to one hour, twice a day. Additional visitors were allowed window access visits that were closely monitored. There was open visiting for end of life patients. The risks were explained to the visitors and they were given PPE to wear in the patients' rooms. Visitors were asked a set of COVID-19 related questions to ensure they were not symptomatic. Visitors were also shown the process for donning[3] and doffing[4] PPE correctly.

[1] PCR tests are mainly for people with symptoms of coronavirus (COVID-19). The test involved taking a swab of the inside of your nose and the back of your throat, using a long cotton bud. The swab is sent to a lab to get the results.

[2] A "bubble" is an unofficial term used to describe the cluster of people outside your household with whom you feel comfortable spending time during the pandemic.

[3] Donning – putting on personal protective equipment (PPE).

[4] Doffing – taking off personal protective equipment (PPE).

Visitors were asked to inform the nursing staff when they were leaving the patient's room. This enabled additional cleaning to be carried out in the patient's room and that the staff were aware of who was on site in the event of a fire. Each patient room had a bed for visitors, whether a sofa or chair bed. Patients would also be moved to bigger rooms if required, so that additional visitors could stay there.

The arrangements to ensure that patients' dignity was maintained at all times were described. All patients were cared for in single rooms and the registered manager stressed the importance of communication with patients and staff to ensure their needs and wishes were met. The hospice employed both a social worker and safeguarding officer to ensure the rights of patients who did not have capacity. To further maintain a patients' privacy and dignity, all rooms had a solid screens on wheels to use when treatment was given to the patients, in addition to the doors being closed with window blinds drawn.

We were told that patients had the use of tablet computers to enable them to stay in touch with their families and friends and also to access the chaplaincy services, which were online during the pandemic. We were also told that during the pandemic there had been a wedding at the hospice involving one of the patients. Whilst socialising with other patients had been difficult during the pandemic, the hospice used other methods to meet patients' needs. The hospice used eye-driven tablet communication to enable patients with complex needs, who were unable to move, to communicate and play online games.

The registered manager said that Public Health Wales[5] assisted with guidance and advice during the pandemic and were very supportive. The support included information on testing, what to do if results were positive and isolation for staff. Staff were informed of changes and updates to guidance, through the staff notice board and daily staff updates, as well as ward meetings.

We were told that families were requested to limit their phone calls to the hospice to one or two nominated persons. They were then asked to communicate the call to other relatives and friends. Most patients also had access to mobile phones and families were requested to call the patients directly where they were able.

We were told that a number of staff were able to speak Welsh and patients were able to speak to staff in Welsh or English. A translation service was used for patients who could not speak English or Welsh.

We were provided with evidence to demonstrate satisfactory results in the regular monthly falls audits that included monitoring the completion of falls risk assessments for patients. We were told that the hospice had been attempting to improve the completion of care plans. The hospice also employed a private company to train three members of staff as manual

[5] Public Health Wales is an NHS Trust which was established on 1 October 2009 as part of a major restructuring of the health service in Wales. It aims to protect and improve health and wellbeing and reduce health inequalities in Wales.

handling trainers to enable them to better assess the risks associated with this aspect of care. We also saw evidence of the annual falls report that showed what was being done to reduce falls, including renewing the call bell system and installing beds with alarms for patients who tried to leave the bed.

We were provided with details of incidents and action taken over the previous three months. This showed that all accidents, incidents and near misses were presented to the next clinical leadership group meeting for discussion and learning points. All events were also presented to the next weekly hospice management team meeting. Significant events were also presented to the North Wales Specialist Palliative Care Significant Events Meeting.

Patient risk assessments were completed in partnership with the patient, carer and wider multi-disciplinary team (MDT), these would then influence the individualised care plans. Care plans were developed with patients, families and carers ensuring the patients' needs and preferences were met where possible.

The following area for improvement were identified:

We were provided with a number of documents including a Risk Management Policy that referred to the need for risk assessments to be carried out. Another document called Environment Standard 12 also referred to the need for regularly updated risk assessments of any environmental risks. However, there was not an environmental risk assessment in place at the hospice that identified:

- all the environmental risks, throughout the hospital including the grounds
- the mitigations and controls in place to manage the risks; and
- any actions required to further reduce the risks.

The hospice must complete an environmental risk assessment in full.

Infection Prevention and Control (IPC)

During the quality check, we considered how the service has responded to the challenges presented by COVID-19, and how well it manages and controls the risk of infection to help keep patients, visitors and staff safe.

The key documents we reviewed included:

- Generic infection control policies and Covid-19 specific policies
- Current data on infection rates
- Most recent hand hygiene audit results
- Most recent infection control risk assessments / audits
- Cleaning schedules.

The following positive evidence was received:

The changes that had been implemented in light of COVID-19, to ensure IPC standards were maintained, were described. These included additional cleaning of the hospital and additional anti-bacterial wipes and gels available in all areas. Additionally, we were told that the taps on the sinks outside the rooms were changed to long lever taps, hand dryers had been disabled and paper towels were available for use.

Sufficient PPE was available to staff throughout the pandemic. The hospice had remained part of the local health board PPE supply, including mask supply and fitting of FFP3[6] masks. There were also posters on the use of PPE, in patient rooms. We were told that if staff did not feel confident in nursing patients before the results of the COVID-19 tests were received, they would use FFP3 masks.

We were told that staff had access to the appropriate IPC training. This included mandatory training and the available online resources and Public Health Wales updates. Additionally, staff from the local health board trained members of the hospice nursing staff to be IPC trainers. We were told that staff take weekly PCR tests and staff also had twice weekly rapid lateral flow tests (LFT)[7].

We were also told of the processes in place to test patients with suspected COVID-19 where required. This included, as explained in the environment section above, all patients transferred to the hospice were isolated initially in single rooms and a COVID-19 test taken. Patients were made aware of the controls and the number of staff who nursed these patients was reduced. Any multi-disciplinary staff were requested to contact COVID-19 patients through online methods. Patients' notes were kept outside the patients' rooms.

The hand hygiene audit results provided, showed full compliance by staff. The infection control environment audit tool used, showed the actions required following the audit, with a plan in place to rectify these actions.

We were told that the hospice infection control link nurses communicated with the local health board infection control team and completed regular audits. The IPC policy described the principles of IPC which had been adopted by St David's Hospice and applied to all areas within the organisation.

No areas for improvements were identified.

[6] FFP3 respirator masks are required as part of COVID-19 personal protective equipment worn for medium and high risk care pathways where aerosol generating procedures are undertaken as per infection, prevention and control guidance.

[7] A rapid lateral flow test is a coronavirus test you do yourself. It shows you the result on a handheld device that comes with the test.

Governance / Staffing

As part of this standard, HIW questioned the service representatives about how, in the light of the impact of COVID-19, they have adapted their service. We explored whether management arrangements ensured that there were sufficient numbers of appropriately trained staff on the ward to provide safe and effective care.

The key documents we reviewed included:

- The latest Responsible Individual visit report in accordance with Regulation 28 of the Independent Health Care (Wales) Regulations 2011
- Corporate policies/processes to ensure preparedness for future pandemic emergency
- Business continuity plans
- Mandatory training records for all staff
- The current percentage completion rates for mandatory training
- Risk assessments undertaken in relation to infection prevention and control, environment and staff health and safety
- Details of incidents and action taken to resolve
- The number of safeguarding referrals
- Patient voice data
- Parent / carer voice data.

The following positive evidence was received:

We were told that the hospice used a ratio of a maximum of four patients to one registered nurse for the day shift and six to one the night staff, supported by healthcare support workers and other allied health professionals. The Outcome Assessment and Complexity Collaborative (OACC)[8], was used to support the staffing ratio. This compared the complexity of patients which would affect the patient to nurse ratio to avoid the risk of failing to provide safe effective care.

We were told that staff had access to both online training and additional training which was necessary and relevant to support them in their work. This included the hospice providing opportunities and funding to attend relevant education and training courses. The hospice also worked in partnership with the University of Wales, Bangor, to provide accredited palliative care[9] modules at level 6/7 to the local health board, nursing homes and other hospices.

[8] the OACC project (the Outcome Assessment and Complexity Collaborative) is a suite of fit-for-purpose outcome measures designed to capture and demonstrate this difference for palliative care services.1 These outcome measures can be used to improve team working, drive quality improvement, deliver evidence on the impact of services, inform commissioning and, most importantly, achieve better results for patients and families.

[9] Palliative care is an interdisciplinary medical caregiving approach aimed at optimizing quality of life and mitigating suffering among people with serious, complex illness.

The registered manager stated that clinical supervision had proved to be difficult and there was not a formal supervision process. A process had been in place using external facilitators but this did not work well for the staff. Whilst revalidation[10] of staff occurred, the registered manager stated there was a need for a more formal supervision process. We were told that two members of staff (both staff nurses) had been tasked to work on a formal clinical supervision plan, which the hospice would pay for, to address this. Prior to the pandemic we were told that some staff did not want any supervision and some had meetings on reflections[11]. We were told that reflection worked well and some completed this via a video call. Staff can also request an MDT discussion on a particular event, this request can be made anonymously if they wish. Staff then choose the agenda and the matron and sisters facilitate this. Other staff from the MDT attended, including the doctors to reflect and move forward.

The arrangements and initiatives that had been introduced to support the wellbeing of staff due to COVID-19 were listed. These included counselling by phone, reflection, meetings, staff were also offered complimentary therapy and relaxation therapy.

We were told that whilst there had not been any safeguarding referrals the registered manager was aware of the process. Additionally, the social worker at the hospice had been previously employed in safeguarding and gave training sessions to staff.

The arrangements in place to ensure that the do not attempt cardio pulmonary resuscitation (DNACPR)[12] discussion and decision making was undertaken appropriately and sensitively was discussed. This involved a discussion with the patient and family, including staff explaining that this was not related to the management of the patient's healthcare.

We saw evidence that current percentage completion rates of mandatory training were above 75%, with arrangements in place to ensure this figure is improved. We were told that all staff were supported to complete their mandatory training, with time being allocated for this training.

The system used, prior to the pandemic to regularly assess and monitor the quality of the services provided to ensure that they met the requirements of the regulations and standards was described. The hospice board would visit the ward and treatment areas, generally check the environment and they would speak to patients and families. Due to risks of infection between staff, visitors and the hospice staff and patients, these visits had not occurred since March 2020. Additionally, we were provided with evidence of the feedback provided by patients over the last six months, which showed very positive results.

[10] Revalidation is a mechanism used to "affirm or establish the continuing competence" of health practitioners, whilst strengthening and facilitating ethical and professional "commitment to reducing errors, adhering to best practice and improving quality of care."

[11] Reflection is the process of making sense of an experience in order to learn and improve as a practitioner.

[12] DNACPR means if a patients' heart or breathing stops the healthcare team will not try to restart it.

There was evidence that the hospice's responsible individual had undertaken a visit in March 2020 prior to the pandemic, but due to the risks associated with COVID-19, another visit had not taken place. A further visit was undertaken following the quality check and a copy of the report forwarded to HIW. These visits related to the requirement of regulation 28 of the Independent Health Care (Wales) Regulations 2011, to assess the quality of service being provided against regulations and relevant standards. Following completion of the visit, a report would be generated which must subsequently be submitted to the registered manager and HIW.

The following areas for improvement were identified:

We were not provided with evidence of the current percentage completion rates for the performance appraisal and development reviews (PADR). However, we were told that these rates were very low. The registered manager stated that this would be addressed by the new human resources system and dates had been set to complete these reviews by the end of September 2021.

The hospice is to ensure that the PADR are completed by the end of September 2021 and that a process is put in place to ensure that this is not repeated.

The policy called Emergency and Contingency was overdue for review. The aim of this plan was to set out the procedures and strategies to be followed in the event of an emergency or business disruption affecting the ability of the hospice to deliver services as usual.

The hospice is to ensure that all policies are reviewed, to ensure they are up to date and relevant to the operation of the hospice, and that a process is put in place to ensure that this is not repeated.

What next?

Where we have identified areas for improvements during our quality check and require the service to tell us about the actions taken to address these, an improvement plan providing details will be provided at the end of this quality check summary.

Where an improvement plan is required, it should:

- 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 areas for improvements 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 the areas for improvements 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.

If no areas for improvement were identified during this quality check, an improvement plan will not be required, and only the quality check summary report will be published on HIW's website.

Improvement plan

Setting: St David's Hospice (Llandudno)

Date of activity: 6 July 2021

The table below includes improvements identified during the 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 were provided with a number of documents including a Risk Management Policy that referred to the need for risk assessments to be carried out. Another document called Environment Standard 12 also referred to the need for regularly updated risk assessments of any environmental risks. However, there was not an environmental risk assessment in place at the hospice that identified:	Regulation 19 (Assessing and monitoring the quality-of-service provision including annual returns) and 26 (Fitness of Premises)	Delyn Health and Safety have now updated and completed the risk assessment for St David's Hospice, a copy has been sent to HIW All actions will be reviewed Monthly in the HMT meeting as required; the document will be reviewed 07/2021	Registered Manager	Completed

	• all the environmental risks, throughout the hospital including the grounds • the mitigations and controls in place to manage the risks; and • any actions required to further reduce the risks. The hospice must complete an environmental risk assessment in full.				
2	We were not provided with evidence of the current percentage completion rates for the performance appraisal and development reviews (PADR). However, we were told that these rates were very low. The registered manager stated that this would be addressed by the new human resources system and dates had been set to complete these reviews by the end of September 2021. The hospice is to ensure that the PADR are completed by the end of September 2021 and that a process	Regulation 20 (Staffing)	All PDRs scheduled and prioritised for completion by end of September 2021. HR system to be utilised to send reminders to all managers to complete subsequent PDRs in an agreed timeframe from 2022. Compliance to be monitored by the Hospice Management Team and the Hospice's Finance and Human Resource Committee.	Registered Manager and Chief Executive	In progress and on track for September 2021

	is put in place to ensure that this is not repeated.				
3	The policy called Emergency and Contingency was overdue for review. The aim of this plan was to set out the procedures and strategies to be followed in the event of an emergency or business disruption affecting the ability of the hospice to deliver services as usual. The hospice is to ensure that all policies are reviewed, to ensure they are up to date and relevant to the operation of the hospice, and that a process is put in place to ensure that this is not repeated.	Regulation 9 (Policies and Procedures)	Policy to be reviewed and updated for approval by Hospice Board of Trustees in September 2021. All policies to be tracked for review and updates via a new document tracking facility which is now in place	Chief Executive	In progress and on track for September 2021.

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: Trystan Prichard, Chief Executive and Responsible Officer

Date: 22 July 2021