



Independent Healthcare Inspection Announced

Tŷ Hafan Children's Hospice

Inspection date: 19 and 20

October 2021

Publication date: 08 February

2022

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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
Website: www.hiw.org.uk**

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	17
	Quality of management and leadership	23
4.	What next?	33
5.	How we inspect independent services	35
	Appendix A – Summary of concerns resolved during the inspection	36
	Appendix B – Improvement plan	37

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

Our purpose

To check that people in Wales receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- **Independent**
- **Objective**
- **Caring**
- **Collaborative**
- **Authoritative**

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 announced inspection of Tŷ Hafan children's hospice on 19 and 20 October 2021.

Our team, for the inspection comprised of one HIW inspector and one clinical peer 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

We found evidence that the service provided safe and effective care.

Children and their parents/guardians who participated in the inspection commented positively on the care and treatment received.

Children's care needs had been assessed by staff and staff monitored the children to promote their well-being and safety.

We found good management and leadership in the hospice with the majority of staff commenting positively on the support that they received from the management team.

We found some evidence that the service was not fully compliant with all regulations in all areas. These are identified within the main report.

This is what we found the service did well:

- Well maintained environment both inside and out
- Staff engagement
- Supporting services and therapies
- Good assessment and care planning – MDT approach
- Family engagement and involvement
- Staff training
- Health and Safety systems
- Medication management
- Auditing and reporting processes.

This is what we recommend the service could improve:

- Feedback to parents/guardians on their child's stay

- Postural training
- Details of feeding regimes in care plans
- Report on the Responsible Individual visits.

We identified regulatory breaches during this inspection regarding some aspects of communication with parents/guardians, some aspects of staff training and completion of reports following Responsible Individual visits. 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

Tŷ Hafan is registered with Health Care Inspectorate Wales (HIW) as an independent children's hospice located at Hayes Road, Sully, Vale of Glamorgan. The service was first registered on 21 November 2003.

Tŷ Hafan offers free of charge specialist palliative care services for children in Wales with life limiting conditions who may not reach adulthood and supports their families during life, at end-of-life and through bereavement. Tŷ Hafan is a registered charity, reliant almost exclusively on donations from the public for the generation of funds to enable the provision of care services.

The service provides accommodation, care and treatment for a maximum of 10 children/young persons under the age of 18 years with life limiting conditions.

The hospice also provides accommodation for parents and siblings within newly refurbished and well-presented rooms on the first floor.

The hospice has a staff team which includes registered nurses (who have qualifications in caring for children and palliative care, learning disabilities and adult nursing), housekeeping staff, play team, senior managers, administrative staff, volunteers, physiotherapists, medical staff, healthcare support workers, social workers, music therapists, complementary therapists and an occupational therapist. Tŷ Hafan has its own paediatric palliative care consultant with the service being consultant led. Tŷ Hafan is also the base for the tertiary paediatric palliative care team from Cardiff and Vale University Health Board.

A range of services are provided at Tŷ Hafan which include:

- Short break care
- Step-down care
- Emergency admission and symptom control management
- End of life care and symptom management
- Collaborative working with health and social care partners
- Physiotherapy
- Hydrotherapy
- Play services

- Education
- Music therapy and complementary therapies
- Outreach service
- Family and bereavement support.

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.

The vast majority of parents/guardians who contributed to the inspection expressed satisfaction with the care and treatment provided at Tŷ Hafan. They told us that staff were kind and caring. We observed very positive interactions between staff and children, with staff supporting children in a dignified and respectful manner.

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

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

Prior to the inspection, HIW issued both online and paper surveys to obtain children's views on the service provided at Tŷ Hafan. In total, we received three responses.

All three respondents commented positively on all aspects of the service provided at Tŷ Hafan.

HIW also issued both online and paper surveys to obtain the views of parents/guardians on the service provided. In total, we received 11 responses. We also spoke with a parent over the telephone.

All respondents told us that the service provided at Tŷ Hafan was very good. However, a small number of parents/guardians made suggestions as to how the service could be further improved.

These are some of the positive comments that we received from parents/guardians:

"Tŷ Hafan respite is a lifeline for our family....Our son absolutely loves it there and is very excited every time we talk to him about upcoming stays."

“The care has been fantastic. Staff are very caring and most of all fun. I never worry about his safety, enrichment or development when he is at Tŷ Hafan.”

“Tŷ Hafan is our family’s lifeline - we couldn't survive without it. They are there for us whenever we need them - in Sully, at home and in the hospital.”

“Tŷ Hafan gives me energy and strength in a way that no one else can – it’s about the whole family and that is priceless.”

“The other kids (mine) love the sibling activities.”

These are some of the suggestions made by parents/guardians as to how the service could be further improved:

“Staff need more support with postural training, positioning etc. Maybe an on-board occupational therapist? Also, care plans need to be more carefully looked at especially feed regimes etc.”

“More sibling support and events in Swansea and West Wales would be really helpful”

Health promotion, protection and improvement

We saw there were signs in various areas of the hospice environment which prompted everyone to wear a face mask, where appropriate, and wash their hands. Hand sanitizer dispensers were available for staff and visitors to use in order to help reduce the risk of cross-infection.

The hospice has an extensive range of facilities and programmes to enhance the well-being of children and families. There were toys and educational items available for the children to interact with. Children and families also benefit from access to well-maintained gardens and outside spaces, including wheelchair accessible play equipment. The hospice has dedicated play co-ordinators who facilitate a range of music, play and sensory sessions throughout the day. Children and families also have access to a swimming pool for relaxation and hydrotherapy, several activity rooms for arts and crafts and dedicated sensory rooms for children to interact with light and sound.

Parents/guardians who completed the online survey told us that the provision of activities and play opportunities for the children was very good.

There were good housekeeping and maintenance arrangements in place. The communal areas, bedrooms and grounds were clean, tidy and well maintained.

Improvement needed

The registered persons should evaluate the suggestions made by the parents/guardians in response to the online survey and consider whether further improvements can be made to the provision of services.

Dignity and respect

Children were treated with dignity, respect and compassion by the staff team.

Parents/ guardians told us that the staff were always polite and caring towards them and their child.

We observed staff being kind and respectful to children. We saw staff making efforts to protect children's privacy and dignity when providing assistance with personal care needs.

The children appeared well cared for, with staff paying specific attention to their appearance and clothing.

Children's toileting needs were being dealt with in a sensitive and dignified way. Parents/guardians told us that when their child needs to go to the toilet, they are enabled to do so as independently as possible and that staff help their child with toilet needs in a sensitive way.

The environment had been thoughtfully designed; rooms were spacious and furnished and decorated to a very good standard. Children and their relatives/guardians had access to communal lounge/dining areas, and there were smaller, quieter lounge/seating areas for people preferring a more private environment.

Children's rooms had toilet and bathing facilities with fixed ceiling hoists to aid transfer. All the bathrooms were spacious and well equipped.

There were also several spacious communal bathrooms/toilets available for children to use.

Tŷ Hafan also offers accommodation for families, including siblings, to stay with their child. This area had recently been refurbished to a very high standard. Staff explained that the rooms and facilities are flexible to enable parents to sleep within their child's room, if they wished to do so. Families are encouraged to

spend time together both communally and in private and a range of activity programmes are available to support this.

Patient information and consent

The hospice has a comprehensive statement of purpose and patients' guide in place which meets the requirements of the regulations in terms of its content.

Health related information and pamphlets were available in various parts of the hospice.

Staff told us that, where possible, children's wishes, preferences and consent is sought and that they are involved in making decisions about their care. The children's parents/guardians are also involved in care planning discussions as appropriate.

Communicating effectively

Throughout the inspection visit, we viewed staff communicating with children in a calm, friendly and cheerful manner. Staff were observed communicating with children in an encouraging and inclusive manner.

Parents/guardians told us that staff always listen to them and their child and always explain what they expect of them during their child's stay at Tŷ Hafan.

The majority of parents/guardians who contributed to the inspection told us that if they are not able to stay with their child at the hospice, then staff will explain how their child is cared for in their absence.

One parent/guardian, although happy with the service offered at the hospice told us that the feedback received from staff at the end of a child's stay could be improved:

"The only point I'd like to make is feedback about my child's stay can be poor. Other than that our child is well looked after and cared for by amazing staff"

We found that there was good communication between members of the multidisciplinary team at Tŷ Hafan which included members of the community nursing team and social services.

Improvement needed

The registered persons must ensure that parents/guardians are given detailed feedback about their child's stay at Tŷ Hafan.

Care planning and provision

There was a multidisciplinary approach to the provision of care with good communication processes in place. The multi-disciplinary team provided 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 tissue viability nurse, speech and language therapists and dieticians.

The team worked in consultation with the health board palliative care and healthcare professionals. Therefore, staff could access additional specialist support and advice when necessary, for example from consultant physicians and pharmacists.

We were told that the support received from the General practitioners (GP) was generally good. There was a service level agreement in place for GP support with one of the doctors from the local practice visiting the hospice on a daily basis. All the children are seen and assessed by the GP on admission.

The quality of the care documentation we looked at was generally good. We found evidence that comprehensive assessments of care needs were being undertaken and that these were reviewed and updated on a regular basis. Care plans are initiated prior to admission and are based, as far as practicable, on the routine the child would follow at home.

Care planning documentation was maintained electronically on a care database with staff using individual electronic tablet devices to access and update documents.

Care plans were also detailed with regular reviews and updates undertaken. 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.

The provision of care was clearly based on the specific and varying needs of the child. This approach was reflected in the individual, person centred format of the care planning and review documentation.

Staff told us that that children and their relatives are involved in decisions about their care and that patient independence is promoted.

Children who completed the online survey told us that they were involved in the planning and provision of their own care. Parents/guardians told us that they were being consulted and encouraged to ask questions and make decisions around care provision.

Comments by parents/guardians included:

“All of the teams and staff talk to each other so I don't need to repeat myself over and over - it feels joined up and that is amazing”

Equality, diversity and human rights

We saw that staff provided care in a way that promoted and protected children's rights.

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

A Paediatric Advanced Care plan (PAC-plan)¹, is completed prior to admission in consultation with the child and/or their parents/guardian.

All the parents/guardians who completed the online survey confirmed that their child can access the right healthcare at the right time (regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

Parents told us that they were able to communicate with staff in their preferred language and that healthcare information available in their preferred language.

¹ There Paediatric Advance Care Plan (PAC-plan), is an All-Wales document which has been endorsed by all the LHBs in Wales. This document can be used for families of children under 18 or a young person with capacity under 18.

Citizen engagement and feedback

The hospice concerns and complaints procedures are referred to in the statement of purpose, patients' guide and on the website. These arrangements were consistent with regulations and standards.

There were systems in place to gain children and their parents/guardians' views on the quality of the service provided by means of a questionnaire or through an electronic service users' feedback survey. Children and their parents/guardians can also ask to speak with the lead nurse on duty or ask to speak with a member of the care services management team. Comments can also be provided electronically through the Tŷ Hafan website.

We were told by staff that the number of complaints received about the service was very low and that the aim was to resolve issues as quickly as possible, at source, to prevent escalation.

All complaints were recorded and audited and thoroughly investigated using a root cause analysis² approach. Learning points were highlighted and communicated to staff in order to prevent reoccurrence.

All of the parents/guardians who contributed to the inspection said they knew how to raise concerns, should they have any.

² Root cause analysis (RCA) is defined as a collective term that describes a wide range of approaches, tools and techniques used to uncover causes of problems.

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 children with safe and effective care.

Suitable equipment was available and being used to assist in the transfer of children.

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

There were formal medication management processes in place.

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

Managing risk and health and safety

We found that 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 children, staff and visitors.

On examination of a sample of children's care records we found that pressure area risk assessments were being undertaken on admission and were being reviewed on a regular basis. Appropriate referrals were being made to the tissue viability nurse specialist as needed.

We found that the risk of falls was being appropriately managed with risk assessments being undertaken and reviewed regularly. The risk assessments and related care plans were found to be individualised and tailored to the individual child.

A part time physiotherapist is employed at hospice who we were told was fully involved in the development of care plans linked to falls risks and mobility.

The hospice employs a head of estates and facilities who is responsible for all aspects of health and safety across the service. The health and safety manager was also responsible for undertaking regular audits, the results of which are

reported to the Health and Safety Committee, and also for arranging and providing staff training on health and safety.

The health and safety manager had very good insight and overview of the remedial work that was being undertaken both within the hospice and in the surrounding grounds. Weekly meetings were being held with the contractors with individual children's care needs at the forefront of decisions being made relating to the ongoing refurbishment work to ensure their continued safety and wellbeing.

Infection prevention and control (IPC) and decontamination

There was a comprehensive infection control policy in place. One of the nurses was designated as infection control lead for the hospice.

We saw that there were robust COVID-19 management procedures in place, with all visitors screened before entering the hospice.

We found that regular audits were being undertaken to ensure that staff were adhering to the IPC and COVID-19 policies and good practice principles.

Posters displaying information about IPC were seen placed around the hospice, including the parent/guardian accommodation. In addition to this, there was a T.V monitor in the staff room displaying information about IPC and other subjects.

The hospice was undergoing extensive refurbishment at the time of the inspection. However, all of the areas viewed were found to be clean and tidy. Cleaning rotas were seen and 'I am clean stickers' visible on items of equipment. Housekeeping staff were seen going about their duties in a diligent way paying particular attention to high contact surfaces such as handles and worktops.

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.

Staff who contributed to the inspection confirmed that the organisation has implemented the necessary environmental and practice changes and that there has been a sufficient supply of PPE.

All of the parents/guardians who completed the online survey told us that the hospice was clean and tidy and that COVID-19 infection control measures were being followed, where appropriate.

Toys were not being shared between children in order to reduce the risk of cross infection. Toys were made available to each child and kept in their room throughout their stay at Tŷ Hafan.

Nutrition

On examination of a sample of care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospice and reviewed regularly. Care plans clearly identified how the child is to be fed e.g orally or through a gastrostomy³, what specialist food supplement is required and at what time these are given.

We saw that monitoring charts were being used where required, to ensure children had appropriate nutritional and fluid intake.

All the meals are freshly cooked on site and there was an effective system in place to cater for individual dietary needs, with good communication between care and catering staff.

Parents/guardians who contributed to the inspection commented positively on the food and drink provided at the hospice and told us that the menu is child friendly, with varying portion sizes catered for.

Parents/guardians also told us that staff help their child to eat if they need assistance and allow them time to eat at their own pace.

We saw that a community based dietician was involved in assessing and planning children's nutritional needs and that appropriate referrals were being made for speech and language therapy assessment if needed.

Medicines management

We looked at a sample of medication administration records and found these to be generally well maintained.

³ A gastrostomy is a surgical opening through the skin of the abdomen to the stomach. A feeding device is put into this opening so that feed can be delivered directly into the stomach bypassing the mouth and throat.

Some of the children were seen to be on complex medication regimes with many having been in receipt of prescribed medication for long periods.

Children are assessed to identify how much assistance, if any, they required to manage their medication. Medication was being appropriately stored in lockable cupboards in the treatment room.

The hospice employs a pharmacist who attends weekly to support safe medicines management and provide guidance and support to staff. The pharmacist currently employed at Tŷ Hafan also works in the community and is familiar with the children and their medication requirements. Consideration was being given to increasing the pharmacist's attendance at the hospice to two days a week and also to employing a pharmacy technician.

We saw that there was a medication management and administration competency framework in place and staff who administered medication had undertaken formal training.

There was a medication management forum in place which met every two months. Minutes of the meetings were being recorded and shared with staff. Information about medication alerts etc. were also being shared with staff by e-mail and on the notice board. In addition to this a Medicine Matters document was being produced on a monthly basis. This contained a roundup of issues relating to medication management and highlighted any safety notices, incidents, audit updates, learning points and changes to policies and procedures.

There was a formal framework in place for the management of medication errors. We found that all medication errors and near misses were recorded and reported on, even if they occur outside of Tŷ Hafan, for example, in the child's own home.

Medication errors are investigated using a root cause analysis⁴ approach with findings communicated to staff in order to support learning and avoid reoccurrence.

⁴ Root cause analysis (RCA) is the process of discovering the root causes of problems in order to identify appropriate solutions. RCA assumes that it is much more effective to systematically prevent and solve underlying issues rather than just treating ad-hoc symptoms and putting out fires.

Safeguarding children and safeguarding vulnerable adults

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

The hospice has a safeguarding lead who is responsible for managing any referrals and is a point of contact for staff for all safeguarding matters.

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

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment available which was in good condition and maintained appropriately.

Safe and clinically effective care

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

We found that care was being delivered in line with nationally agreed pathways and frameworks.

There were comprehensive policies and procedures in place to support the provision of care and these were being reviewed and updated regularly.

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

Parents/guardians told us that staff were kind and sensitive to their child when carrying out care and treatment.

We saw very good interactions between staff and the children, with staff attending to the needs of the children in a discreet and professional manner. We saw staff spending time with the children and encouraging and supporting them to do things for themselves thus maintaining their independence.

We found the delivery of care to be person centred, safe and effective, with children's care, and providing support to their relatives/guardians, being the main priorities for the staff.

There were formal processes in place should a child's condition deteriorate with some children having open and fast access to the emergency department in the

nearest hospital. Staff have received specific training in assessing and responding to deterioration in a child's condition.

There were robust systems in place for out of hours emergency support, including emergency services and GP. Staff had access to named contacts within the ambulance service that they could contact directly should there be a delay in ambulance response.

Pain was being appropriately managed through the use of formal pain assessment tools and the administration of appropriate, prescribed pain relief.

We found that there were good family support, advocacy, psychology, counselling, anticipatory grief, end of life, funeral planning and bereavement support services available.

Activities

As previously mentioned, the hospice employs dedicated play co-ordinators who facilitate a range of age appropriate activities that included music, play and sensory sessions throughout the day. There were toys and educational items available for the children to interact with. Children and families also benefit from access to outside spaces, including wheelchair accessible play equipment.

Parents/guardians who completed the online survey told us that the provision of activities and play opportunities for the children was very good. However, it was recognised that some of the play and support services had been affected due to the restrictions imposed as a result of the pandemic.

Comments included:

“Not all of the facilities were open because of COVID and the refurbishment but we were told in advance so we were prepared for it”

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 maintaining confidentiality.

Through examination of training records, we confirmed that all relevant 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 was kept securely, both electronically and in paper format.

Patients' care records were well maintained and the files were laid out in a way which made them easy to navigate.

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.

We found very good management and leadership at the hospice with staff commenting positively on the support that they received from their line managers.

The vast 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's governance and management.

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.

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.

The responsible individual (Director of Care) is based at the administration building located adjacent to Tŷ Hafan and attends the hospice at least three days a week and holds monthly, formal one to one meetings with the manager. This enables her to monitor the service and makes her accessible to staff, patients and relatives.

Members of the Board of Trustees also visit the hospice on a regular basis.

The Trustees had a good overview of the service through their regular visits to the hospice and through the management reporting and escalation processes.

We were satisfied with the level of oversight of the service by members of the senior management team and board of trustees. However, we highlighted the need for the registered person to ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the hospice and the production and sharing of reports following such visits.

Improvement needed

The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the hospice and the production and sharing of reports following such visits.

Dealing with concerns and managing incidents

As previously mentioned, there were established processes in place for dealing with concerns and managing incidents. There was a formal complaints procedure in place and information on how to make a complaint was noted in the statement of purpose, patients' guide and on the website.

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

Compliments and complaints were recorded and audited. A root cause analysis approach was used for compliant investigations with learning points highlighted and communicated to staff.

Staff involved in incidents are expected to undertake a formal reflection exercise to highlight any lessons learned and improve practice.

Workforce planning, training and organisational development

We found the hospice to be well staffed on the days of the inspection.

At the time of our inspection, four children and their families were receiving care and support from a sufficient number of staff with appropriate skills.

We were told that staffing levels are adjusted according to the numbers of children accommodated and their specific care needs.

We found a friendly and professional staff team within the hospice who demonstrated a commitment to providing high quality care to the children and their families. Staff were able to describe their roles and were knowledgeable about the care needs of the children they were responsible for.

New staff are expected to complete a period of formal induction. The documentation seen during the inspection showed the staff induction process to be comprehensive.

We inspected a sample of staff files and confirmed that staff had access to mandatory and other service specific training. We were provided with a copy of the hospice's staff training plan which was comprehensive and listed the subjects covered, completion dates and expiry dates. Mandatory training figures presented to us during the inspection showed good completion rates.

We requested information relating to performance appraisals and were able to confirm that the majority of staff had received an annual appraisal within the previous twelve months. We were told that the lead nurse conducts the nurses and healthcare support workers' appraisals. These sessions are recorded and passed to the HR team for collation and retention on individual staff files. Staff maintain their own record of objectives.

HIW issued an online survey to obtain staff views on the service provided at the hospital and the support and training that they receive. In total, we received 29 responses.

All the staff who completed the online survey confirmed that they had received training in health and safety, fire safety, infection control and safeguarding.

Two thirds of respondents told us that they had received training in Advanced Life Support and seven had not with three quarters telling us that they had received training in Paediatric Life Support.

Three quarters of respondents told us that they had received training in Mental Capacity Act/ Deprivation of Liberty Safeguards and de-escalation training.

The majority of staff told us that they had received bereavement training other training relevant to their area of work, and two said they had not.

Nearly all the staff who completed the online survey told us that training helped them do their job more effectively and stay up-to-date with professional requirements and that it helped them deliver a better patient experience.

We received the following comments from staff on the training provided at Tŷ Hafan:

“I am able to make suggestions about what training I need to my manager and to the professional development lead. I know that the approach to training is being reviewed and I'm really looking forward to participating in this”

“I feel confident that I am supported to access all the relevant training and also encouraged to seek out development opportunities”

“I'm confident I have access to the planned and ad-hoc training I need. I speak up if there is something that I feel either my colleagues or myself need”

Over three quarters of respondents said that their manager supported them to access training and development opportunities and that they had an annual review or appraisal within the last 12 months when their training, learning or development needs were identified.

Comments received from staff included:

“My line manager is approachable, accessible and very supportive and encourages me to continually develop my skills”

Nearly all staff told us that they were able to meet all the conflicting demands on their time at work with around three quarters telling us they have adequate materials, supplies and equipment to do their work.

Two thirds of staff told us that there were always or usually enough staff to do their job properly.

Comments included:

“Since COVID we have had some staffing challenges but when that happens we make adjustments to ensure care is always safe”

Most of the staff told us that they were able to make suggestions to improve the work of their team / department.

All of the staff told us that patients’ privacy and dignity is maintained.

Around half of the staff told us that they were involved in deciding on changes introduced that affect their work area / team / department.

The vast majority of the staff told us that they were satisfied with the quality of care they give to patients.

Workforce recruitment and employment practices

We were told that staff turnover was minimal with the majority of staff having worked at Tŷ Hafan for over 10 years.

We were also told that sickness rates were low.

Staff recruitment was managed by the hospice’s Human Resources (HR) team following the organisation’s recruitment policy and procedures. We were told that staff recruitment is an ongoing process.

We found that additional measures had been set in place to support staff during the pandemic. These included access to employee assistance programmes, well-being champions and mental health first aiders. There was also a quiet room that staff could use to have some time away from the clinical environment.

The majority of staff who completed the online survey commented positively on the support that they receive and that they are sufficiently empowered to speak up and take action if they identify issues in line with the requirements of their own professional conduct and competence.

Nearly all of the respondents told us that there is a culture of openness and learning within the organisation that supports staff to identify and solve problems and that the organisation has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

All respondents agreed that care of the children is the organisation's top priority.

Comments included:

“In theory Tŷ Hafan wants to provide the best care but in practice (as with anywhere) people do become complacent corners do get cut. Things don't get cleaned as thoroughly, infection control doesn't always get adhered to. You can lead a horse to water etc.”

“We all work together to deliver the best care and we feel proud to be part of a team committed to making a difference for children and families”

“We encouraged to remember we are one team, even though we have different roles. This breaks down barriers between different areas of the hospice”

All respondents agreed that the organisation acts on concerns raised by children or their family members.

Nearly all of the respondents told us that they would recommend the organisation as a place to work and that they would be happy with the standard of care provided by their organisation for them or for their friends or family.

Comments included:

“There is a strong ethos of putting children and families first and making sure they receive the best care”

Nearly all the staff who completed the online survey told us that service user feedback was collected, with two thirds telling us that they receive regular updates on service user feedback and that feedback is used to make informed decisions.

Comments included:

“I feel valued and supported to be the best I can be for children and families. If I feedback or make suggestions, I always feel listened to”

The majority of staff who completed the online survey commented positively on the support that they receive from their immediate line manager and that they encourage them to work as a team.

Nearly all respondents told us that their immediate manager can be counted on to help with a difficult task at work and that they give clear feedback on their work.

Two thirds of respondents told us that their immediate manager asked for their opinion before making decisions that affect work.

Nearly all respondents told us that their immediate manager is supportive in a personal crisis and one said they sometimes were.

All of the respondents told us that agreed their immediate manager takes a positive interest in their health and well-being.

Comments received about immediate managers included:

“My line manager has been extremely supportive in recent months where I have experienced a personal crisis and I would have struggled to return confidently to work without her support”

“I literally could not ask for a better manager. She is excellent.”

The majority of staff who completed the online survey commented positively on the support that they receive from senior managers.

Comments included:

“I feel supported by my immediate manager but I feel inspired by our director of care. She is visible, accessible and always there. She delivers on promises and if she can't do something, will always explain why it isn't possible”

“We work closely with the Director of Care who is new but is always there to talk to if I need to about anything that is important to me, the team and children and families. We see her most days - this is really important to us and means things don't build up. She always says we are one team and that we learn together”

Just over two thirds of respondents told us that communication between senior management and staff is effective and that senior managers try to involve staff in important decisions.

Comments included:

“Communication can be slow but for important things we do get feedback. New Director of Care has really improved communication”

“There has been times where I have witnessed poor communication when some things have been raised to senior management level - they don't always come back with an outcome or feedback to the persons who raised the initial matters - this makes it less likely for people to raise future concerns/matters. Communication can definitely be improved”

“Since the Director of Care has come on board the clarity of communication has really stepped up. Communication is the best it's been in a long time. People who have been here a long time may look at this question and consider how things have been done over the years, rather than how things are done now.”

Two thirds of respondents told us that senior managers act on staff feedback.

Nearly all the staff told us that senior managers are committed to patient care.

Comments include:

“I 100% know I can count on our Director of Care to take actions when it is needed and to be there when she is needed.”

Three quarters of the staff who completed the online survey agreed that their job is not detrimental to their health.

Comments included:

“I can't see how working with complex and end of life children wouldn't have a detrimental effect on your physical emotional and mental health. That said - we really do have great support”

All of the respondents told us that their organisation takes positive action on health and well-being with the majority telling us that they are offered full support in the event of challenging situations.

Nearly all staff told us that they were aware of the Occupational Health with around three quarters telling us that their current working pattern/off duty allows for a good work life balance.

Comments included:

“The pattern of working is all over the shop. You would be doing a day shift then two night shifts, have a day off then back

in for a day etc with only 24hrs rest etc. There isn't a routine of working say for two weeks on nights then two weeks of days. I for one struggle to get in a sleep pattern when they are all over the place like that but I can appreciate the difficult job the leads have to do the rota”

“During the pandemic we have needed to be more flexible as a team, especially when staffing suddenly reduced. I have sometimes felt a bit of pressure though it's not intended. We've brought new stuff in to increase support and little things like senior managers bringing in ice lollies on a hot day when you are wearing PPE or treats when it's been a particularly difficult day mean a lot”

All of the staff who completed the online survey told us that the organisation encourages them to report errors, near misses or incidents with just over three quarters of the respondents telling us that the organisation treats staff who are involved in an error, near miss or incident fairly.

None of the staff who completed the online survey said that they had seen an error, near miss or incident affecting staff in the last month with only one respondent telling us that they had seen an error, near miss or incident affecting patients in the last month.

Comments included:

“Reporting is encouraged so improvements can be made - I have never felt uncomfortable to do so, it's our responsibility”

Around three quarters of respondents told us that the last time they saw an error, near miss or incident they or a colleague reported it.

Nearly all respondents told us that their organisation treats reports of errors, near misses or incidents confidentially and that the organisation does not blame or punish people who are involved in errors, near misses or incidents.

Comments included:

“When I talk to colleagues who have been here a long time, they sometimes talk about a blame culture. It isn't something I've experienced. Blame is sometimes what we assume and not what is actually happening - not everyone can move forward”

“This is a difficult question as everyone always feels terrible if they are involved in an incident or error. If an incident requires action to be taken, it can feel like blame but it’s not, it’s doing the right thing”

All of the respondents told us that, when errors, near misses or incidents are reported, their organisation takes action to ensure that they do not happen again.

Nearly all of the respondents told us that they are informed about errors, near misses and incidents that happen in the organisation and that they are given feedback about changes made in response to reported errors, near misses and incidents.

All of the staff who completed the online survey told us that, if they were concerned about unsafe clinical practice, they would know how to report it and that they would feel secure raising concerns.

Around three quarters of respondents said that they were confident that their organisation would address their concerns.

We asked, in the online survey, whether staff had faced discrimination at work within the last 12 months. One reported discrimination on grounds of sex and one on ‘other’ grounds.

The majority of respondents told us staff have fair and equal access to workplace opportunities (Regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

Nearly all respondents told us that their workplace is supportive of equality and diversity.

Improvement needed

The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.

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, measurable, 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: Tŷ Hafan

Date of inspection: 19 and 20 October 2021

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				
The registered persons should evaluate the suggestions made by the parents/guardians in response to the online survey and consider whether further improvements can be made to the provision of services.	Independent Health Care (Wales) Regulations 2011	1. Review the findings from the online survey and create action plans in response to key areas identified in the report	Registered Manager	January 2022
	Regulation 19. (2) (e)	2. Posture and positioning 2a. Review existing approach to postural care and support and identify areas for improvement 2b. Design and deliver additional training to strengthen the skills and confidence of the care team 2c. Embed physiotherapy review in care plans for children with specific or	Head of Hospice Services	April 2022
	Standard 3. Health promotion, protection and improvement			

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>complex positioning or postural support needs</p> <p>3. Care plans:</p> <p>3a. Revisit the process for reviewing care plans to ensure that they fully reflect the needs of the child and family to identify where improvements are needed</p> <p>3b. Where improvements are identified, agree action plans that are tracked through to completion</p> <p>3c Ensure processes for continuous review are fully embedded</p> <p>3. Events in Swansea and West Wales</p> <p>3a. When pandemic constraints allow, re-invigorate the pre-pandemic plan to extend the availability of events, including sibling events, in Swansea and West Wales</p> <p>3b. Continue to scope potential new venues for events and activities</p>	<p>Quality and Governance Lead Nurse</p> <p>Head of Community and Partnerships</p>	<p>March 2022</p> <p>April 2022</p>

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		3c. Communicate programme of events clearly with families		
The registered persons must ensure that parents/guardians are given detailed feedback about their child's stay at Tŷ Hafan.	Independent Health Care (Wales) Regulations 2011 Regulation 39. (d) Standard 18. Communicating effectively	<ol style="list-style-type: none"> 1. Review existing approach to providing feedback to parents/guardians following their child's stay at the hospice 2. Introduce a new checkpoint pre or at the time of admission to identify any specific requirements for feedback during, and following, a child's stay 3. Introduce a new question to the family feedback questionnaire to determine if information provided meets the needs of parent/guardians 4. Evolve the approach and seek suggestions to ensure continuous quality improvements 	Head of Hospice Services	February 2022
Quality of management and leadership				
The registered person must ensure that they fully discharge their obligations under Regulation 28 of the Independent Health Care (Wales) Regulations 2011, in respect of visits to the	Independent Health Care (Wales) Regulations 2011	1. Provide an overview report of engagement and assurance activity undertaken during the pandemic	Director of Care	February 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
hospice and the production and sharing of reports following such visits.	Standard 1 Governance and accountability framework	2. Define and communicate the approach for future visits and a reporting schedule 3. Produce and make available reports to Healthcare Inspectorate Wales	Director of Care Director of Care	April 2022 From April 2022
The registered persons should review the staff responses to the online survey and consider whether further improvements can be made to the way that staff are supported.	Independent Health Care (Wales) Regulations 2011 Regulation 19. (2) (e) Standard 24. Workforce recruitment and employment practices	1. Share the findings of the staff survey with colleagues 2. Discuss key themes within the staff forum and encourage staff to contribute ideas to strengthen staff support 3. Offer availability for any staff wanting to share themes or issues on a 1:1 basis 3. Continue to embed newly established wellbeing and support programmes, including wellbeing champions and wellbeing toolkit; promote access to and encourage uptake of additional support including clinical supervision and the employee assistance programme.	Director of Care	April 2022

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): Deborah Ho

Job role: Director of Care, Responsible Individual

Date: 20 January 2022