Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection (Announced)

Nightingale House Hospice

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Contents

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 inspection of Nightingale House Hospice, Wrexham on 29 and 30 March 2022. The setting was given 24 hours' notice of the inspection due to COVID-19 considerations.

Our team, for the inspection comprised of two HIW inspectors, one clinical peer reviewer and one lay reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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 generally safe and effective care.

Patients and their relatives who participated in the inspection commented positively on the care and treatment received.

Patient's care needs had been assessed by staff who monitored the patients regularly to promote their wellbeing and safety.

We found that there had been recent changes within the management team. Some staff members reported a lack of support from the organisation, and deterioration in the relationship between management and staff as a result of some of these changes.

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:

- Multi disciplinary approach to the provision of care
- Provision of patient centred care
- Care planning and assessments
- Easy to navigate care files
- Well maintained and comfortable environment
- Support services, therapies and facilities
- Auditing and clinical governance.

This is what we recommend the service could improve:

- Include HIW contact information in the statement of purpose and patient information folder

- Ensure that the documentation within the files kept in patient rooms are person centred in format to reflect how care is provided and to bring them in line with the care plan documentation
- Ensure that key staff are invited to multidisciplinary team meetings to ensure that information about patients is shared accurately and in detail
- Reflect discharge planning arrangements in detail within the patient care notes
- Share discharge arrangements with staff working within the day care in order for them to plan the day care services around individual patient needs
- Display complaints procedure
- Some aspects of medication management
- Continue to monitor staffing levels and staff training needs
- Review and reflect on the less favourable staff responses to some of the questions within the online survey.

We identified regulatory breaches during this inspection regarding aspects of record keeping, medication management and staff training. Further details can be found in Appendix B. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Nightingale House Hospice is registered as an independent hospital. The hospice is registered to provide specialist palliative care to persons over the age of 18 years. The maximum number of inpatients who can be accommodated at any one time is 16 and the maximum number of persons who can attend the hospice for day care at any one time is 15.

Nightingale House Hospice was opened in 1995 and was registered with HIW following the implementation of The Registration of Social Care and Independent Health Care (Wales) Regulations 2002.

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

- Therapies and treatments, including physiotherapy, palliative care, pain and symptom control
- Emotional support and counselling services, including bereavement and family support
- Spiritual/Chaplaincy support
- Complementary therapy, hydrotherapy, occupational therapy and physiotherapy
- Creative therapy, including arts and crafts
- Out-patient clinic.

Patient accommodation is provided within two, four bed bays and eight single rooms. The four bed bays were being used as single or double occupancy rooms to ensure adequate social distancing and to reduce the risk of cross-infection. There were also three bedrooms set aside for relatives wishing to stay over to be near their loved ones. Work on refurbishing areas of the hospice had been completed recently with more substantial refurbishment work planned.

There were ten patients accommodated at the time of the inspection and around five people attending the day care unit on both days.

HIW previously inspected the service 24 and 25 July 2018. The areas for improvement highlighted during the previous inspection were followed up during this inspection and confirmed as having been actioned.

Quality of patient experience

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

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

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

During the inspection we distributed HIW questionnaires to patients to obtain views on the services provided. A total of nine questionnaires were completed. We also spoke to patients and their visiting relatives during the inspection.

Patient comments included the following:

> *"All the staff are excellent, well trained, professional, kind and sympathetic."*
>
> *"Received superb care from all the staff both as an inpatient and day care services (including holistic therapy). A perfect balance of professionalism and friendliness, nothing is too much trouble."*
>
> *"The care and service is absolutely brilliant."*
>
> *"Couldn't rate it any higher - very good."*

Health promotion, protection and improvement

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

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

There were comprehensive policies and procedures in place, and these were being reviewed and updated regularly.

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

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

Dignity and respect

Patients were treated with dignity and compassion by the staff team.

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

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

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

Patients' rooms had en-suite shower facilities. The communal bathrooms were spacious and well equipped.

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

Throughout the inspection, the environment was quiet, calm and relaxing.

Nearly all the staff who contributed to the inspection told us that patients' privacy and dignity is maintained.

Patient information and consent

The hospice has a statement of purpose in place. However, the statement of purpose requires amending to include the contact details for HIW.

The patient information folder, which was available in Welsh and English, contained information about the services available and the hospice's mission statement and aims. Copies of the patient information folder were made available within each bedroom and are presented to patients on admission into the hospice as part of a welcome pack. However, we discussed the need for HIW contact details to be included in the patient information folder.

The hospice also produces a newsletter which contains information about fund raising events, developments and other useful information.

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

A patient status at a glance board (PSAG)[1] was located in the nurses' office. The board was designed so that patients' names could be covered when not in use to ensure patient confidentiality.

The majority of staff who contributed to the inspection told us that sufficient information is provided to patients.

Improvement needed

The registered provider must ensure HIW contact details are included in the statement of purpose and patient information folder.

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

Communicating effectively

Throughout our inspection visit, we viewed staff communicating with patients and their relatives in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were observed communicating with patients in an encouraging and inclusive manner.

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

We were informed that not many patients who use the hospice spoke Welsh. However, arrangements would be made to secure translation services if the need arose. Translation services could also be accessed, if needed, for other patients whose first language was not English.

A portable hearing loop was available to assist patients and visitors who have a hearing impairment.

Staff are very aware of sensitivities required around patient communication. The hospice clinical area is set up with a number of private areas for family, carers, patients and staff to use to optimise patient dignity and privacy with regards communication.

Care planning and provision

The quality of the patients' records 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 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 patient. Care plans were person centred in format and written from the perspective of the patient. However, some of the documentation within the files kept in patient rooms were not person centred in format. These should be reviewed and amended to bring them in line with the care plan documentation.

All staff members who contributed to the inspection told us that patients and/or their relatives are involved in decisions about their care.

Pain was being managed appropriately with formal assessments undertaken, documented and reviewed regularly. Pain management charts were kept with patients' medication administration charts so that they could be referred to and amended at point of administration of pain relieving medication.

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

We found that the multidisciplinary team provided patients with individualised care according to their assessed needs. Multidisciplinary team meetings were held every week to discuss any changes in patients' care needs. However, some staff expressed concern about who attended these meetings and that there was a risk of information not being shared accurately if certain staff members were not invited.

We were told that daily board rounds[2] were taking place and that daily safety huddles were being introduced as further means of sharing information about patient care.

A patient flow lead was employed, and patient flow charts completed as an aid to manage admissions and discharges.

There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse and dietician.

For those patients in receipt of respite care, we found that there were very good discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospice. However, discharge planning arrangements were not always reflected in detail within the patient care notes that we inspected. In addition, staff told us that discharge arrangements could be improved through better communication with the day care unit for those patients moving from in-patient care to day care. This would enable staff to better plan the day care services around individual patient needs.

The team at the Nightingale House work in consultation with Betsi Cadwaladr University Health Board palliative care team and other healthcare professionals.

[2] Board rounds are a summary discussion of the patient journey and what is required that day for it to progress. They identify and resolve any care issues, treatment or delays in the patient's stay at the setting.

Therefore, staff can access specialist support and advice when necessary, for example from palliative care consultants, pharmacists and dieticians.

Improvement needed

The registered provider must ensure:

- that the documentation within the files kept in patient rooms are person centred in format to reflect how care is provided and to bring them in line with the care plan documentation
- that key staff are invited to multidisciplinary team meetings to ensure that information about patients is shared accurately and in detail
- that discharge planning arrangements are reflected in detail within the patient care notes
- that staff working within the day care unit are informed of discharge arrangements in order for them to plan the day care services around individual patient needs.

Equality, diversity and human rights

We saw that staff strived to provide care in a way that promoted and protected patients' rights.

Staff were aware of individual patients' care needs and wishes and were seen to treat them as individuals. However, two staff members, who contributed to the inspection, told us that they had witnessed what they perceived to be discrimination against a patient with mental health problems within the past 12 months. This is referred to in more detail within the Workforce Recruitment and Employment section of this report.

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

Mental Capacity and Deprivation of Liberty Safeguards (DoLS)[3] assessments were being conducted as and when needed.

Advanced care planning discussions, to include resuscitation decisions, were taking place with patients and their appointed family representative.

Improvement needed

The registered provider must take action to ensure that patients are not discriminated against.

Citizen engagement and feedback

The hospice concerns and complaints procedures were referred to in the statement of purpose, patient information folder and on the website. We recommended that the complaint procedure be advertised in a more visible way through the provision of posters in prominent positions within the hospice and through the provision of separate information leaflets detailing how to raise a concern or make a complaint.

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.

Improvement needed

The registered provider must ensure that the complaints procedure is advertised in a more visible way within the hospice.

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

Delivery of safe and effective care

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

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

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

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

There were formal medication management processes in place.

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

Managing risk and health and safety

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

On examination of a sample of patients' care records we found that pressure area risk assessments were being undertaken on admission and were being reviewed on a regular basis. This was also the case in relation to falls risk assessments.

We found that some sharps disposal bins were more than three quarters full, which is not reflective of good practice guidance and thus presented a risk of harm to staff. We brought this to the attention of the clinical lead who took immediate steps to replace the bins.

We also found that safer sharps needles were not being used at the hospice. This increased the risk of harm to staff and patients.

Improvement needed

The registered provider must ensure that safer sharps needles are used within the hospice to reduce the risk of harm to staff and patients.

Infection prevention and control (IPC) and decontamination

There was a comprehensive infection control policy in place supported by detailed cleaning schedules.

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. Outcomes of such audits were displayed within the hospice for patients and visitors to see.

Staff had access to, and were appropriately using, personal protective equipment (PPE) such as disposable gloves, face masks 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.

We were told that all staff were undertaking twice weekly lateral flow tests (LFT) and that, until recently, patients had to undertake polymerase chain reaction (PCR) tests prior to admission. However, with the lifting of some COVID-19 restrictions this is no longer required with patients having to undertake LFT tests instead.

The majority of staff who contributed to the inspection told us that that there were appropriate infection prevention and control procedures in place and that the organisation has implemented the necessary environmental and practice changes in response to the COVID-19 pandemic. Staff also confirmed that there has been a sufficient supply of PPE, and there are decontamination arrangements for equipment and relevant areas within the hospice.

We found that there was a build-up of dust behind some radiator covers as the covers could not easily be removed for effective cleaning.

Improvement needed

The registered provider must ensure that the radiator covers can be easily removed for effective cleaning.

Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospice and reviewed regularly.

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

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

We observed lunchtime meals being served and saw staff providing encouragement and support to patients to eat independently.

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

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

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

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff. Patients are handed menus in the morning in order to choose what they want to eat during the day. A hostess post had recently been introduced. The hostess had responsibility for monitoring patients' nutritional needs, liaising with the catering staff and assisting patients with the provision of meals and drinks. The hostess is also responsible for co-ordinating and supervising any volunteer support that may be required during mealtimes. This means that meals are served on time and that no patient has to wait for their meals. The current hostess was a registered nurse who was nearing retirement and had a special interest in patient nutrition.

In addition to the main kitchen, there were small kitchens in the day and in-patient units. These were used by staff to prepare drinks and snacks. Patients were also able to store their own food and drinks in a designated fridge.

We were told that the catering staff were very responsive to individual requests from patients and made every effort to supply whatever patients want in terms of food and drink.

Medicines management

We found medication management processes to be robust and we witnessed medication being safely administered to patients.

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

We found that there were systems in place for the recording and regular checking of controlled drugs. However, we found the process to be somewhat complicated with four separate controlled drugs registers in use with a different one being checked daily and all four being checked every three months. This process should be reviewed and simplified to reduce the risk of errors or omissions.

Patients were assessed to identify how much assistance, if any, they required to manage their medication. There was an electronic medication dispensing system in place which was monitored by the pharmacist employed by the health board. Other medication, not stored within the electronic dispenser, was being appropriately stored in lockable cupboards in the treatment room, which could only be accessed by staff using a swipe card or within a medication trolley.

A pharmacist attends the hospice twice a week to audit medication and provide guidance and support to staff.

We inspected the resuscitation trolley which contained all the equipment required in the event of a patient collapse. However, we found that the anaphylaxis[4] kit contained Hydrocortisone and Chlorphenamine medication which are no longer advocated as a first line of treatment for anaphylaxis by the Resuscitation Council UK.

[4] Anaphylaxis is a serious life-threatening allergic reaction which usually occurs within few seconds or minutes of exposure to allergic substances. This involves hives, swelling and sudden drop in the blood pressure and sometimes shock.

Improvement needed

The registered provider must:

- review the process for checking controlled drugs to reduce the risk of errors or omissions
- review the contents of the resuscitation trolley to ensure that it meets the Resuscitation Council UK guidelines in respect of the drugs required for the emergency treatment of anaphylaxis.

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 staff spoken with during the inspection demonstrated an awareness of safeguarding processes.

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

Blood management

There was a formal blood transfusion policy in place. However, we noted it required review. One of the qualified nurses took a lead role in the management of blood products and had good links with the transfusion service located at the local hospital.

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

Staff involved in the transfusion process had received training. However, we found that staff competencies required updating.

Improvement needed

The registered provider must:

- review and update the blood transfusion policy
- ensure that staff involved in the transfusion process undertake regular competency assessments.

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment.

We were told that maintemance schedules and contract were in place for the servicing of equipment. However, we found that the suction machine on the resuscitation trolley did not have a sticker or label on it confirming when they were last service. In addition, some of the syringe drivers did not have a sticker or label on them confirming when they were last serviced, and where stickers were available, some showed that the service due dates had expired.

Improvement needed

The registered provider must ensure that all medical equipment used in the hospice is regularly serviced and that up to date maintenane/service records are maintained.

Safe and clinically effective care

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

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

We were told that, to formalise the process of effectively managing sepsis[5], the care staff were in the process of implementing the Sepsis Six[6] care pathway.

We were also told that the clinical lead was in the process setting up a formal system to regularly audit care documentation and the application of care pathways.

[5] Sepsis is a life-threatening reaction to an infection. It happens when the immune system overreacts to an infection and starts to damage the body's own tissues and organs.

[6] The Sepsis Six care pathway is a part of the UK Sepsis Trust's recommended approach to diagnosing and treating sepsis.

We recommended that a process be set in place to ensure that daily observations are undertaken, and recorded, in respect of those patients identified for escalation or further treatment in the event of a deterioration or change in their condition.

There was evidence that pain was managed, actioned and evaluated appropriately using pain assessment tools. We saw staff responding in a timely fashion when patients expressed discomfort and requested pain relief.

Improvement needed

The registered provider must ensure that a process is set in place to ensure that daily observations are undertaken, and recorded, in respect of those patients identified for escalation or further treatment in the event of a deterioration or change in their condition.

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 generally good systems in place to ensure that personal information relating to patients and staff were kept secure, both electronically and in paper format. However, this could be further enhanced by ensuring that the trolley containing patient notes is secured to a wall when not in use.

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

Improvement needed

The registered provider must ensure that the trolley containing patient notes is secured to a wall when not in use.

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.

There was a clear structure in place to support the hospice governance and management. However, we found that there had been recent changes within the management team. Some staff members reported a lack of support from the organisation, and deterioration in the relationship between management and staff as a result of some of these changes.

Some staff also expressed concerns about staff shortages and the use of agency staff who were inexperienced in palliative care.

Governance and accountability framework

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

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 (Chief Executive Officer) is based in the hospice. This enables him to monitor the service on a regular basis and makes him accessible to staff, patients and relatives. Members of the Board of Trustees visit the hospice on a regular basis and compile reports as required under Regulation 28.

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

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' information folder and on the website.

We found that there were formal processes in place to report and investigate any incidents and to ensure that learning from incidents is communicated to staff in order to avoid reoccurrence. However, we found that the process could be improved through the introduction of formal team debrief following exposure to complex issues or incidents.

Improvement needed

The registered provider must ensure that a process of formal team debrief following exposure to complex issues or incidents is introduced.

Workforce planning, training and organisational development

We were told that there had been some staff turnover over the past 18 months and that five staff have retired, 14 resigned, five had been dismissed, two have joined the Specialist Palliative Care team and 15 staff left for personal reasons/career change.

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.

There was a formal induction process in place and all new staff receive regular probationary period reviews.

We found that additional measures had been set in place to support staff during the pandemic. These included regular staff briefings, drop in sessions for staff to discuss concerns and access to employee assistance programmes.

In addition to speaking with staff during the course of the inspection, HIW issued an online survey to obtain staff views on the service provided at the hospice and the support and training that they receive. In total, we received 48 responses.

Staff responses were mixed across all areas; the highest proportion of positive responses were for training and development, and patient care questions, and the highest proportion of negative responses were for questions about the organisation and management. Some staff spoken with during the inspection and

some of those who completed the survey highlighted a lack of support from the organisation, and deterioration in the relationship between management and staff following recent changes in the management team.

Respondents were split equally in recommending and not recommending their hospice as a place to work. However, the majority (82%, 36/44) of respondents agreed that, if a friend or relative needed support, they would be happy with the standard of care provided by their hospice.

We looked at staff rotas which showed that, at the time of the inspection, there were two qualified nurses on duty during the day together with the ward manager and deputy, with two qualified nurses on duty during the evening and nights. The ward manager and deputy normally work from 8.00am to 6.00pm and 7.00am to 5.00pm respectively. Both the ward manager and deputy have one day per week designated as a management day. In addition to the qualified nurses, there were two, sometimes three, healthcare assistants on duty during the day and two on nights. However, some staff spoken with, and some of those who completed the survey, expressed concerns about staffing levels and the use of agency staff who were inexperienced in palliative care.

Twenty-five members of staff who completed the survey agreed that there were enough staff to do their job properly and 21 disagreed. Comments included:

> *"A shift being left short staffed could've been detrimental to both staff and patients, and none of the managers checked to see if the staff … were managing or if they were struggling."*

> *"Shortage of staff on shifts using agency workers frequently who have no experience with palliative care patients."*

Thirty-three respondents agreed that there was an appropriate mix of skills and 15 disagreed.

Thirty-two respondents told us that that they were able to meet all the conflicting demands on their time at work and 16 disagreed.

Thirty-nine respondents agreed that they have adequate materials, supplies and equipment to do their work and nine disagreed.

Thirty-five staff members who completed the survey told us that they were able to access information communications technology (ICT) systems they need to provide good care and support for patients and 12 disagreed.

We reviewed staff training records which showed that staff have access to mandatory and specialist training. We saw that training completion rates varied

considerably and showed that work is required to ensure that all staff have completed all aspects of mandatory training.

Staff were asked questions about training in the staff survey and their responses are detailed below.

Twenty-seven staff members who completed the survey told us that their manager supported them to receive training, learning or development, and 15 said they did not.

Twenty-nine respondents felt that they had appropriate training to undertake their role, 15 felt they partially had, and four felt they had not due to reasons including limited time for training, COVID affecting training, and undertaking Continuing Professional Development (CPD) at personal expense. Comments included:

> *"COVID has hampered training."*
>
> *"I do not feel the new online training is very good. Many sessions are not relevant, test questions include material not on the course. The point scoring is belittling."*
>
> *"Training from NHH staff has been good."*
>
> *"The new online training has many sessions that are not relevant and often unhelpful, the test includes questions not part of the course. Constantly being asked to score points is a disincentive and belittling. Some sessions are helpful and previous sessions done by NHH staff have been very good."*
>
> *"Have no time to do the online training. No further training offered or given."*

We received some comments on training that staff would find useful, shown below:

> *"On-going pall care training to keep updated. Also specific training with regards to psychological support of patients and relatives."*
>
> *"Training updates on symptom management e.g. pain, nausea, constipation, etc. in specialist palliative care."*
>
> *"Training on advanced care planning."*
>
> *"Training on Anaphylaxis management."*
>
> *"Basic life support update."*

"End of life care."

"Palliative chemotherapy training."

"More in house clinical courses."

"More hands on training would be better instead of just online."

"Regular teaching sessions centred on palliative care would be useful for all members of staff - there is no structured teaching/education. Almost all learning undertaken in this job has been independent study."

Forty-three respondents agreed that training helped them do their job more effectively and deliver a better patient experience, and four disagreed.

Forty-five respondents agreed that training helped them stay up to date with professional requirements and two disagreed.

We found that the majority of staff had received annual appraisals. However, we were told that clinical supervision meetings have not been well attended for a period of time despite the clinical lead trying varying methods e.g one to one meetings, group meetings, varying times and days etc.

Forty-four staff members who completed the survey told us that they had an annual review or appraisal within the last 12 months, three had not and one could not remember.

Thirty-five respondents said training, learning or development needs were identified during the appraisal, and ten said they were not.

Improvement needed

The registered provider must:

- continue to monitor staffing levels and ensure that there are sufficient staff on duty at all times to meet the care needs of patients
- ensure that staff have access to relevant training to ensure that they have the knowledge and skills to provide good quality, safe and effective care to patients
- continue with their efforts to encourage staff to attend clinical supervision meetings.

Workforce recruitment and employment practices

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

We looked at 10 files (6 employed staff and 4 volunteers) and found that the hospice had followed the appropriate procedures and undertaken relevant recruitment checks prior to their commencement in post.

We were provided with copies of the staff handbook. The handbook gave very useful information about the hospice, the organisational structure, staff responsibilities, policies and procedures.

There had been recent changes within the management team, which had led to some staff feeling unsupported by the organisation. Some staff also told us that there had been a deterioration in the relationship between management and staff as a result of some of these changes.

Thirty-two staff who completed the survey agreed that they were able to make suggestions to improve the work of their team/department and 15 disagreed. Twenty-two of the 47 who expressed an opinion agreed that they were involved in deciding on changes introduced that affect their work area and 25 disagreed.

The majority of the respondents told us that they were satisfied with the quality of care they give to patients and four disagreed.

Twenty-nine respondents told us that the hospice encourages teamwork and 17 disagreed.

Half of the respondents told us that the hospice is supportive and that they support staff to identify and solve problems.

Thirty-two of the respondents told us that partnership working with other organisations is effective and ten disagreed.

Twenty-five staff who completed the survey agreed that the hospice takes swift action to improve when necessary and 19 disagreed.

Thirty-three respondents told us that care of patients is the organisation's top priority and 11 disagreed.

Thirty-six respondents told us that the organisation acts on concerns raised by patients and seven disagreed.

Thirty-one respondents told us that, overall, they were content with the efforts of their organisation to keep them/patients safe and 12 disagreed. Comments included:

"No security on site overnight staff not informed of this."

Half the staff who completed the questionnaire told us that they would recommend their hospice as a place to work, and half disagreed. Comments included:

> *"The hospice has changed over the last ... Many staff have left. Some staff have disappeared with nothing said. It is very uncomfortable and not very friendly."*

Thirty-six respondents told us that, if a friend or relative needed support, they would be happy with the standard of care provided by their hospice and eight disagreed.

Thirty-six staff members who completed the questionnaire told us that patient/service user experience feedback was collected within their organisation and seven answered "don't know".

Twenty-four respondents said they receive regular updates on patient experience feedback in their organisation, 17 said they did not and three answered "don't know".

Twenty-one respondents told us that feedback from patients is used to make informed decisions within their organisation, nine said it was not, and 13 answered "don't know".

Twenty-six staff members who completed the survey told us that their immediate manager can be counted on to help with a difficult task at work and 18 disagreed.

Twenty-nine respondents told us that their immediate manager gives them clear feedback on their work and 15 disagreed.

Twenty-six respondents told us that their immediate manager asks for their opinion before making decisions that affect their work and 18 disagreed.

Thirty respondents told us that their immediate manager is supportive in a personal crisis and 14 disagreed.

Forty-three of the staff who completed the survey told us that that they know who the senior managers are and two disagreed.

Twenty-four respondents told us that senior managers are visible and 21 disagreed. Comments included:

> *"… loss of faith in management's judgement is exacerbated by their almost complete absence from clinical areas and lack of interaction with the clinical team."*

Seventeen respondents told us that communication between senior management and staff is effective and 28 disagreed. Comments included:

> *"…one of my primary concerns at present is communication between the management team and ward staff, which in recent months has been conducted poorly…"*
>
> *"I do not feel that Senior Managers are always approachable."*

Fourteen respondents told us that senior managers try to involve staff in important decisions and act on staff feedback, and 29 disagreed.

Thirty-three staff members who completed the survey told us that senior managers are committed to patient care and ten disagreed.

Thirty-three respondents told us that their job is not detrimental to their health and 11 disagreed.

Twenty-three respondents said their organisation takes positive action on health and well-being and 19 disagreed.

Twenty-two staff members who completed the staff survey told us that they are offered full support in the event of challenging situations and 21 disagreed.

Thirty-five respondents told us that they are aware of the Occupational Health support available and seven disagreed.

Thirty-nine respondents told us that their current working pattern/off duty allows for a good work life balance and five disagreed.

Twenty-nine staff members who completed the survey said they had seen errors, near misses or incident in the last month. Thirty-six staff told us that the last time they saw an error, near miss or incident they or a colleague reported it, two said they had not and five answered "don't know". Comments included:

> *"Recent changes in staffing have resulted in a less experienced ward nursing team, with significantly less continuity, which at times has resulted in near misses. This has been addressed by submitting incident forms and discussing this with the ward manager, although I am not sure if any changes have been made as a result."*
>
> *"Multiple critical medication errors."*

Forty-three staff members who completed the survey told us that the organisation encourages them to report errors, near misses or incidents and one disagreed.

Thirty-two respondents told us that the organisation treats reports of errors, near misses or incidents confidentially and 12 disagreed.

Twenty-nine respondents told us that the organisation treats staff who are involved in an error, near miss or incident fairly and ten disagreed.

Twenty-nine staff members who completed the survey told us that, when errors, near misses or incidents are reported, the organisation takes action to ensure that they do not happen again, and 13 disagreed.

Twenty-three respondents told us that they are informed about errors, near misses and incidents that happen in the organisation, and 18 disagreed.

Twenty-six respondents told us that they are given feedback about changes made in response to reported errors, near misses and incidents and 16 disagreed. Comments included:

> *"Despite recent errors reported, minimal feedback on changes resulting from these has been provided. That being said … it is entirely possible that changes could well have been made, but not communicated."*
>
> *"I do not feel that there is always appropriate dissemination of information from Senior Management following an incident. This is in regards to the review of an incident or feedback/changes in response to the incident."*
>
> *"I feel it would be beneficial to have some information regarding changes made following an incident or near miss; even if it occurred within a different department it is still a learning opportunity for others."*
>
> *"Poor feedback from management following incidents and how they have learnt or intend to improve the service."*
>
> *"We have asked for feedback following incident reports, and they have just started to do this following a staff meeting."*

Thirty-nine staff members who completed the survey told us that, if they were concerned about unsafe clinical practice, they would know how to report it and three said they would not.

Twenty-six respondents told us that they would feel secure raising concerns about unsafe clinical practice, six disagreed, and ten answered “don’t know”.

Nineteen respondents told us that they were confident that their organisation would address their concerns, 14 said they were not, and nine answered “don’t know”.

In the survey, we asked staff if they had faced discrimination at work within the last 12 months on grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, or ‘other’. Two staff indicated that they had faced discrimination at work within the last 12 months, on the grounds of age. Comments included:

> *“I have not been subject to discrimination myself but have witnessed discrimination of individuals with mental health issues.”*
>
> *“I have witnessed what I perceived to be discrimination against a patient with mental health problems. … I escalated my concerns ... There was no … communication from hospice management about the case. Since this event the relationship between management at the hospice and the clinical team has been more strained.”*

Thirty-five respondents told us that 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), three disagreed and five answered “prefer not to say”. Thirty-four respondents told us that they believe their workplace is supportive of equality and diversity, three disagreed and five answered “prefer not to say”.

Eight respondents who indicated that they Welsh speaking were asked a series of questions about Welsh language arrangements at work. Two indicated that they wear the ‘Iaith Gwaith’ badge or lanyard, one sometimes do, and five do not. Four said that patients are asked to state their preferred language and four said they were not. One actively uses Welsh in everyday conversation, three sometimes do, and four do not. Seven indicated that they are not given the opportunity to complete their training in Welsh and one said they sometimes are.

Improvement needed

The registered provider must review the less favourable staff responses to some of the questions within the online survey and consider what action needs to be taken to improve the working relationship between management.

Given the areas for improvement identified during this inspection, consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

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: Nightingale House

Date of inspection: 29 and 30 March 2022

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 provider must ensure HIW contact details are included in the statement of purpose and patient information folder.	Independent Health Care (Wales) Regulations 2011 Regulation 6. Schedule 1 Regulation 24. (4) Standard 9. Patient information and consent	HIW information is now in statement of purpose and patient information poster and booklet	PA to CEO Communication Manager	Completed April 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must ensure that the documentation within the files kept in patient rooms are person centred in format to reflect how care is provided and to bring them in line with the care plan documentation	Independent Health Care (Wales) Regulations 2011 Regulation 15. (1) (a) Standard 8. Care planning and provision	All patient files are in their rooms reflecting holistic person-centred care, providing a good account of their care plans.	Director of Clinical Services Ward Manager	Completed April 2022
The registered provider must ensure that key staff are invited to multidisciplinary team meetings to ensure that information about patients is shared accurately and in detail.		All key staff attend MDT including medical, nursing and rehabilitation team and students Review of MDT meeting	Director of Clinical Services	Completed April 2022 September 2022
The registered provider must ensure that discharge planning arrangements are reflected in detail within the patient care notes.		All discharge planning is reflected by all disciplines in the notes. Inpatients who are discussed at MDT outcomes will be documented in notes MDT notes are circulated to medical and nursing staff each week.	Director of Clinical Services Clinical admin lead	Completed April 2022 ongoing
The registered provider must ensure that staff working within the day care unit are informed of discharge arrangements for them to plan the day care services around individual patient needs.		Collaboration between services is working well and processes have been put in place.	Ward Manager Deputy Ward Manager Day service lead	Completed April 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
			Ward clerk	
The registered provider must take action to ensure that patients are not discriminated against.	Independent Health Care (Wales) Regulations 2011 Standard 2. Equality, diversity, and human rights	We have reviewed and can find no breach whatsoever to Standard 2. Equality, diversity and human rights.	CEO Director of Clinical Services	Completed April 2022
The registered provider must ensure that the complaints procedure is advertised in a more visible way within the hospice.	Independent Health Care (Wales) Regulations 2011 Standard 5. Citizen engagement and feedback	In all areas there are posters with staff photos around the hospice to inform patient, carers, and family the procedure if they may need to make a complaint Also implemented is a friends and family feedback form for all services, this is then reported on at clinical effectiveness meeting each month	Director of Clinical Services	Completed April 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
Delivery of safe and effective care				
The registered provider must ensure that safer sharps needles are used within the hospice to reduce the risk of harm to staff and patients.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (2) Standards 22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	All staff were made aware of the importance to not over fill sharp bins Regular infection control walks about with ward manager or deputy ward manager	Clinical Director Ward manager Deputy Ward Manager	Completed April 2022 Ongoing
The registered provider must ensure that the radiator covers can be easily removed for effective cleaning.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (8)	Facilities have started to removed radiator covers and cleaning has taken place (25) This has caused damage so all radiator covers will be replaced	Director of Operations Facilities Manager	To be completed by 31st October 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Standard 13. Infection prevention and control (IPC) and decontaminati on			
The registered provider must review the process for checking controlled drugs to reduce the risk of errors or omissions.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a) Standard 15. Medicines management	Control drug books have been reduced to 4 CDs checked each night (1 book per night) Each month all books and CDs are checked	Director of Clinical Services Pharmacist Ward Manager	Completed April 2022
The registered provider must review the contents of the resuscitation trolley to ensure that it meets the Resuscitation Council UK guidelines in respect of the drugs required for the emergency treatment of anaphylaxis.		All trained clinical staff are now ILS trained All untrained clinical staff are BLS trained The resuscitation officer/trainer provided us with all equipment and drugs information to re stock our trolley now staff are ILS trained	Ward Manager Deputy Ward Manager Day service lead	Completed June 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
The registered provider must review and update the blood transfusion policy.	Regulation 15. (6) Standard 17. Blood management	Policy reviewed and amendments made Approved at clinical effective meeting	Day service lead	June 2022
The registered provider must ensure that staff involved in the transfusion process undertake regular competency assessments.		All staff to attend training at BCU	Deputy Ward Manager Day service lead	ongoing
The registered provider must ensure that all medical equipment used in the hospice is regularly serviced and that up to date maintenane/service records are maintained.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (2) Standard 16. Medical devices, equipment and diagnostic systems	Standard operation policy in place approved at clinical effective meeting	Facilities Manager	Completed June 2022
The registered provider must ensure that a process is set in place to ensure that daily observations are undertaken, and recorded, in	Independent Health Care (Wales)	All patients who are for escalation have daily observation completed	Ward Manager Deputy Ward Manager	Completed March 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
respect of those patients identified for escalation or further treatment in the event of a deterioration or change in their condition.	Regulations 2011 Regulation 23. (1) Standard 7. Safe and clinically effective care		Nurse Consultant Doctors	
The registered provider must ensure that the trolley containing patient notes is secured to a wall when not in use.	Independent Health Care (Wales) Regulations 2011 Regulation 23. (2) (a) Standard 20. Records management	Notes Trolley now secured to the wall	Facilities Manager	Completed April 2022
Quality of management and leadership				
The registered provider must ensure that a process of formal team debrief following exposure to complex issues or incidents is introduced.	Independent Health Care (Wales) Regulations 2011	First formal debrief has taken place to discuss a complex issue These issues will be addressed formally when they arise	Patient Flow Facilitator	Completed and ongoing

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
	Regulation 19. (2) (c) Standard 23. Dealing with concerns and managing incidents			
The registered provider must continue to monitor staffing levels and ensure that there are sufficient staff on duty at all times to meet the care needs of patients.	Independent Health Care (Wales) Regulations 2011 Regulation 20. (1) and (2) Standard 25. Workforce planning, training and organisational development	Staffing levels are monitored and increased according to acuity.	Director of Clinical Services Ward Manager Deputy Ward Manager Day service lead Nurse Consultant	ongoing
The registered provider must ensure that staff have access to relevant training to ensure that they have the knowledge and skills to provide good quality, safe and effective care to patients.		All mandatory is up to date – electronic Implemented a specialist palliative care course for HCA's Specialist palliative care course for RGN's Staff attend study days	Director of Clinical Services Ward Manager Day service lead	June 2022

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		To support and encourage more nurse prescribers		
The registered provider must continue with their efforts to encourage staff to attend clinical supervision meetings.		Clinical Supervision policy updated and approved at clinical effective meeting to be implemented across clinical services	ANP Patient Flow Facilitator	30th June 2022 30th September 2022
The registered provider must review the less favourable staff responses to some of the questions within the online survey and consider what action needs to be taken to improve the working relationship between management.	Independent Health Care (Wales) Regulations 2011 Regulation 19. (2) (e) Standard 24. Workforce recruitment and employment practices	CEO will attend with the Director of clinical services to visit clinical areas each week The Management team to make themselves to be more visible to patients and staff Improve communication – hold regular meetings across the hospice Integrate all service	Executive team Management and All service leads	ongoing

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): Mandy Cunningham

Job role: Director of Clinical Services

Date: 21st June 2022