

Independent Healthcare Inspection Report (Announced)

Tŷ Gobaith Children's Hospice

Inspection date: 17 and 18 January 2023

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an announced inspection at Tŷ Gobaith Children's Hospice Hospital, on 17 and 18 January 2023.

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

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

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.

Parents/guardians who contributed to the inspection expressed satisfaction with the care and treatment provided at Tŷ Gobaith. 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 treating children with complete dignity and compassion.

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

This is what the service did well:

- Quality of the environment and equipment
- Staff interaction with patients
- Provision of activities and therapy services
- Provision of food and drink
- Family engagement and support.

Delivery of Safe and Effective Care

Overall summary:

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.

Care needs had been assessed by staff and staff monitored the children to promote their wellbeing and safety.

This is what we recommend the service can improve:

- Implement the use of safer Sharps devices.

This is what the service did well:

- Personalised provision of care through person centred care plans
- Multidisciplinary care both within and outside of the hospice.

Quality of Management and Leadership

Overall summary:

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

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.

This is what we recommend the service can improve:

- Display audit results.

This is what the service did well:

- Management overview and visible management team
- Staff training
- Staff support and supervision
- Auditing and reporting systems.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection, in addition to face-to-face discussions, we used paper and online questionnaires to obtain views and feedback from patients and their relatives about the service offered at Tŷ Gobaith.

In total, we received five responses from patients and 23 responses from parents/guardians. Not all questions were completed by some respondents.

Overall, responses and comments from the children were positive, with all respondents rating the service as ‘very good’ or ‘good’. The children told us that the staff were friendly and there is plenty of entertainment and things to do and that the food was good. The children also told us that they enjoyed the activities on offer at the hospice such as music therapy, playing with i-pads and Xbox, going swimming and drawing.

Parents/guardians told us:

“Everything and everyone is great, it is a huge help to our family.”

“Very caring, always there if I need any advice even if not in respite. Amazing staff who have always got time for family as well as taking such good care of our child. A very special place for very special children.”

Parents/guardians rated the support from most services as ‘very good’ or ‘good’; however, one respondent thought physiotherapy and outreach support was ‘poor’.

We asked how the hospice could improve; some respondents suggested:

“Outreach services resumed.”

“Hydrotherapy pool”

All 23 respondents agreed that staff provide care to their child when needed and are kind and sensitive when they carry out care and treatment.

All 23 respondents felt they have been involved as much as they wanted to be in decisions about their child’s care.

Some comments we received about patient care are below:

“Ty Gobaith have been a lifeline for my family. Ty Gobaith acted immediately to ensure my child received hospital care and I cannot praise the Team enough for their support. They maintain high standards which is reassuring, and I trust them implicitly. Ty Gobaith have the most amazing Team and ethos.”

“The staff always take my child’s abilities into consideration when communicating and engaging in activities. They also always take their interests into consideration.”

All respondents felt the hospice is child friendly, there are sufficient activities for their child at the setting and sufficient facilities for family members/carers.

Most of the family members who completed a questionnaire told us that the setting was clean. However, one patient did not feel that COVID-compliant procedures were evident.

Health promotion, protection and improvement

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 employs appropriately trained and experienced staff who organise play and activities such as music therapy and play and sensory sessions throughout the day. Children and families also have access to two sensory rooms for children to interact with light and sound.

The hospice also employs physiotherapists who support children, not only with their physical health needs, but also during play and activities.

We saw good interactions between staff and children, with staff attending to the needs of children in a discreet and professional manner. We saw staff spending time with 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 comprehensive policies and procedures in place to support the provision of care and these were being reviewed and updated regularly.

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

There was a good supply of personal protective equipment available to help prevent the spread of infection. 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.

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

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 Gobaith also offers accommodation for families, including siblings, to stay with their child. Families are encouraged to spend time together both communally and in private and a range of activity programmes are available to support this.

The hospice also has a special bedroom called the Snowflake Suite. This facility is to allow the child/young person to lie, after death, in peaceful surroundings and to afford his/her family and friends the opportunity to say their goodbyes in their own time and in their own way. There is also a tranquil garden which provides a private space for bereaved families to use.

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, 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 Tÿ Gobaith.

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

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.

We were told that the support received from the General Practitioners (GP) was good.

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.

Care plans were 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.

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), is completed prior to admission in consultation with the child and/or their parents/guardians.

Bilingual staff are employed at the hospice, and we observed staff communicating with children in both Welsh and English. Parents/guardians told us that they were able to communicate with staff in their preferred language and that healthcare information was available in their preferred language.

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.

A comments box was located by the main entrance for parents/guardians and children to express their views about the services. In addition, on discharge, parents/guardians and children are asked to complete an electronic questionnaire on the quality of the service. There was also a notice board by the main entrance with information about what action had been taken on the back of feedback received.

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 with learning points highlighted and communicated to staff in order to prevent reoccurrence.

Delivery of Safe and Effective Care

Managing risk and health and safety

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

The hospice employs maintenance staff who are also responsible for aspects of health and safety across the service.

We recommended that the hospice moves ahead with arrangements to implement the use of Safer Sharps devices, in order to reduce the risk of injury to children and staff.

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.

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.

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.

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.

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 gastrostomy, 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 and children who contributed to the inspection commented positively on the food and drink provided at the hospice.

Medicines management

We saw evidence of excellent practice with regards the storage, supply, governance and administration of medicines. Medication administration charts were accurately maintained.

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 pharmacy technician who has proved to be invaluable. They also have a pharmacist who attends the hospice on a weekly basis to support safe medicines management and provide guidance and support to staff.

There was a formal framework in place for the management of medication errors, with any errors and near misses clearly recorded, reported and investigated. Investigation outcomes are communicated to staff in order to support learning and avoid reoccurrence.

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 team who are responsible for managing any referrals and act as a point of contact for staff for all safeguarding matters.

There were posters displayed around the hospice with details of the hospice and local authority safeguarding teams.

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, therapy staff and external professionals.

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 robust systems in place for out of hours emergency support, including emergency services and GP.

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 child and family support through the social work team, advocacy, psychology, counselling, anticipatory grief, end of life and bereavement support services.

Activities

As previously mentioned, the hospice employs appropriately trained and experienced staff provide 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 garden and play equipment.

We were told that a therapy manager was to be appointed who would take the lead on the development and provision of various therapies for children and their family members.

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

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.

The hospice employs a quality assurance manager who is responsible for undertaking audits linked to standards, policies, procedures and risk assessments. Outcomes of audits are reported to the management team and areas for improvement are identified and an action plan developed.

We recommended that outcomes of audits, such as infection prevention and control, hand hygiene, falls, pressure area care, medication management e.t.c, be displayed within the hospice for children, parents/guardians, staff and visitors to clearly see how the service is performing.

Staff told us 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 Chief Executive, who is based at Hope House, is also the responsible individual for Tŷ Gobaith and attends the hospice on a regular basis and holds formal one to one meetings with the manager. This enables them to monitor the service and makes them accessible to staff, children and relatives.

The Chief Executive also undertakes formal Regulation 28 visits and produces reports following such visits.

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.

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.

All complaints were recorded and audited and thoroughly investigated with learning points highlighted and communicated to staff in order to prevent reoccurrence.

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.

Workforce planning, training and organisational development

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.

HIW issued a questionnaire to obtain staff views on Tŷ Gobaith and their experience of working there.

In total, we received 43 responses from staff in various clinical and non-clinical roles. Not all respondents answered all the questions.

Responses from staff were positive, with all who answered (40/40) being satisfied with the quality of care and support they give to patients, and all who answered (41/41) agreed that they would be happy with the service provided should they or any friends and family require care there.

All staff who answered (41/41) told us that they would recommend the hospice as a good place to work.

Some staff (6/43) did not feel involved in decisions made, and changes introduced, that affect their work area.

We found the hospice to be well staffed on the days of the inspection with staff confirming that they were able to meet all the conflicting demands on their time at work and that there were enough staff for them to do their job properly.

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

All staff who completed the questionnaire told us that they had adequate materials, supplies and equipment to do their work.

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.

All but one staff member who completed a questionnaire told us that they had appropriate training to undertake their role.

Some nursing staff told us that they would benefit from emotional needs training so that they could better meet the needs of children, particularly when other members of the multidisciplinary team were not available i.e during the night.

We recommended that emotional needs training be provided to nursing and care staff.

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.

Workforce recruitment and employment practices

We were told that staff turnover was minimal and 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.

All 40 staff members who completed the questionnaire told us that their organisation treats staff who are involved in an error, near miss or incident fairly.

All 41 respondents told us that they knew how to report concerns about unsafe clinical practice.

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

“I do truly believe that all employees are treated fairly and that and have equal access to workplace opportunities.”

“The organisation respects any protected characteristic an employee may identify with.”

“I believe the organisation to be fully supportive of equality and diversity. Everyone is welcomed onto our team equally.”

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

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

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](#).

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
We identified that the resuscitation bag contained Chlorphenamine and Hydrocortisone which are no longer recommended for use by the Resuscitation Council UK.	The administration of this medication to a patient in the event of an emergency or collapse could result in significant harm.	The matter was brought to the attention of the registered manager.	The registered manager liaised with the pharmacist who advised that the medication be immediately removed from the resuscitation bag.

Appendix B - Immediate improvement plan

Service: Tŷ Gobaith

Date of inspection: 17 and 18 January 2023

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted during this inspection.				

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):

Job role:

Date:

Appendix C - Improvement plan

Service: Tŷ Gobaith

Date of inspection: 17 and 18 January 2023

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	Standard/ Regulation	Service action	Responsible officer	Timescale
The register provider should move ahead with arrangements to implement the use of Safer Sharps devices within the hospice, in order to reduce the risk of injury to children and staff.	National minimum Standards for Independent Health Care Services in Wales Standard 22. Managing risk and health and safety	Sharp needles removed and discarded appropriately. All needles in stock are 'safer sharp' compliant. Stock list updated to reflect and highlight this.	Deputy Head of Care	Completed
The registered provider should display the outcomes of audits, such as infection prevention and control, hand hygiene, falls, pressure area care, medication	Independent Health Care (Wales) Regulations 2011	Audit outcomes are displayed in public and staff areas. Audit results will be displayed in a different format (to highlight the	Clinical Practice Educator.	All future audits

management etc, within the hospice for children, parents/guardians, staff and visitors to clearly see how the service is performing.	<p>Regulation 9. (1) (g) and (o)</p> <p>National minimum Standards for Independent Health Care Services in Wales</p> <p>Standard 6. Participating in Quality Improvement Activities</p>	specific areas suggested) to display key outcomes and compliance rates in an easy to read/informal manner for service users and families.		
The registered provider should arrange emotional needs training for nursing and care staff.	<p>National minimum Standards for Independent Health Care Services in Wales</p> <p>Standard 25. Workforce planning, training and</p>	<p>All staff will be delivered specialist communication and sensory needs training in September by 'Reach'</p> <p>As from May 2023 we can offer a 7 day service of activities/play therapy having appointed an additional 2 part time staff to support care staff in meeting the emotional needs of the children.</p>	<p>Clinical Practice Educator.</p> <p>Head of Care</p>	<p>September 2023</p> <p>May 2023</p>

	organisational development	Training needs of individual staff members will be addressed on an individual basis as identified in their annual Appraisal		Ongoing individualised training needs.
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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): Angharad Davies

Job role: Head of Care

Date: March 29th 2023