Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Independent Healthcare Inspection (Unannounced)

St Kentigern Hospice

13 and 14 January 2016

July 2015 v1

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Contents

1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales[1].

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

[1] The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. http://www.hiw.org.uk/regulate-healthcare-1

2. Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Staff questionnaires
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice[2]. Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

[2] As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non compliance process is available upon request.

3. Context

St Kentigern Hospice is registered with HIW as and independent hospital. The hospice address is Upper Denbigh Road, St Asaph, Denbighshire, LL17 0RS. It is registered to provide services to adults, aged 18 years, and to accommodate up to eight in-patients and up to 15 day patients. St Kentigern Hospice is a local charity and was first established in 1995. The hospice became registered with HIW on 1st April 2002 (in line with 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 responsible individual in accordance with The Independent Health Care (Wales) Regulations 2011), the registered manager, advanced nurse practitioners, registered nurses, health care support workers, chefs, laundry and general maintenance assistants, physiotherapists, complementary and creative therapists, chaplains, a social worker and family support officer. The hospice is also supported by a team of volunteers and NHS health professionals.

A range of services are provided which include:

- Therapies and treatments, including physiotherapy, palliative care, pain and symptom control
- Counselling, including bereavement and family support to patients and their families and carers
- Spiritual/Chaplaincy Support
- Complementary therapy, including Reiki and Aromatherapy
- Creative therapy, including arts and crafts
- Social Work, including psycho social and bereavement support

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection to the service on the 13th and 14th of January 2016.

4. Summary

Patients and relatives were very complimentary about the services received and could not think of anything that could be improved on by the hospice staff team. We found several examples which demonstrated that patients were receiving dignified care and were being treated with utmost respect by staff.

There was evidence that patients were being consulted with fully throughout their stay at the hospice and their preferences and wishes were being respected. However we advised the hospice to underpin this further with specific policies around consent and nutrition.

There were good systems in place to promote safe and clinically effective practise, although the hospice need to ensure that their policies are robust enough to support practice.

The standard of cleanliness was good. There were cleaning schedules in place and regular audits were being undertaken to ensure that standards were being maintained. As there are plans for expansion, we have advised that consideration be given to relocating and improving the sluice room and facilities.

Whilst we saw effective medicines management, we have requested that a review and risk assessment be carried out to support the decision regarding the frequency of the controlled drugs stock balance checks.

Overall, the hospice was being effectively led and managed, with due regard to regulations and standards. However, because of management changes, no formal provider visits had been undertaken during 2015 as required by regulations. Therefore these must recommence as a matter of urgency.

Our discussions with staff and questionnaire responses found that staff and managers were being supported and worked very well as a team. Providing high standards and dignified patient care was central to the staff team.

We found that the relevant employment checks were being obtained prior to new staff and volunteers commencing in post. Although there was evidence of regular training, it was not clear where staff were up to date with mandatory training requirements. Therefore, we have asked for a copy of the updated training matrix. We reminded managers that staff appraisals should be completed annually.

We identified areas for improvement during this, which have been transferred onto the improvement plan (Appendix A) of this report . 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 HIW taking action in accordance with our non-compliance and enforcement process.

5. Findings

Quality of patient experience

Patients and relatives were very complimentary about the services received and could not think of anything that could be improved on by the hospice staff team. We found several examples which demonstrated that patients were receiving dignified care and were being treated with utmost respect by staff.

There was evidence that patients were being consulted with fully throughout their stay at the hospice and their preferences and wishes were being respected. However we advised the hospice to underpin this further with specific policies around consent and nutrition.

We spoke with two out of the four in-patients, one of the day patients and two relatives during our inspection. We also spent time observing in the day lounge and dining area when day patients, staff and volunteers were present.

Citizen Engagement and Feedback (Standard 5)

The views of patients and their families and/or carers were clearly important to the hospice. There were comments cards that patients and visitors could fill in and place confidentially in a mail box on entry to the in-patient unit. The patient's handbook and statement of purpose invited people to make comments or raise concerns. Feedback forms through the "*iWantGreatCare*"[3] system were issued to each in-patient (and/or relatives/carers) at the end of their stay and to each day service patient (during or at the end of their agreed period). We looked at the feedback analysis for the last six months (by seven patients and/or relatives). Each person was complimentary about every aspect of the care and treatment received at the hospice.

The patients and relatives we spoke with could not praise the staff enough. The only frustration that the relatives said they had experienced was waiting for a (in-patient) bed to become available. Otherwise they said that the service received had been

[3] *iWantGreatCare* is an independent healthcare review organisation, used in line with the All Wales Palliative Care Service, where feedback about healthcare services can be provided confidentially. These can be viewed online via https://www.iwantgreatcare.org/

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"*second to none"*. None of the patients and relatives could think of anything that would improve the service.

Extensive redecorating work was in progress at the time of the inspection. We saw that most of the internal walls had or were being painted and the lounge carpet had been replaced. We found that patients had not been consulted with on this occasion regarding the colour scheme. However, a strategy meeting was held on the second day of our visit and we were informed about the longer term plans for expansion and refurbishment. Therefore, the hospice agreed to involve stakeholders in future development plans.

Dignity and Respect (Standard 10)

We observed that patients were treated with the utmost dignity and respect by staff. Patients were receiving care and support at their own pace and staff interacted with them in a warm and respectful manner. Patients described how staff had a way of making them feel more positive and valued as a person.

Patients were offered the opportunity to engage in group and/or individual work and therapy services. There were signs to alert visitors and staff not to enter particular rooms during patients' participation in these activities.

All the in-patients were accommodated in single rooms. Six out of the eight rooms had en-suite toilet and shower facilities. The remaining two single rooms had a large shared bathroom next door. All the in-patient room doors had blinds and there were curtains that could be drawn once inside the door, which promoted an added sense of security and privacy.

There were several other rooms that could be used by patients and relatives/carers to relax in or for private conversations, including a smaller lounge/dining area, offices and the non-denomination chapel.

Care Planning and Provision (Standard 8)

We looked at two in-patient and one day patient records. These were comprehensive and we saw that the relevant social and health care professionals' referrals, assessments, care planning and discharge arrangements had been integrated into one file. Information was generally well organised and easy to locate. However, one of the patients had been known to St Kentigern's for several months. We saw that the records in this patient's were cumbersome. Therefore we advised the hospice to streamline patient records where possible and to archive out of date information.

The patients and relatives' involvement were clearly evident. We discussed the referrals and admission procedures with the in-patient and day service managers.

There were clear protocols in place and we found, from our discussions with the patients concerned, that they were fully aware about the agreed terms and plan for the duration of their stay.

Treatment plans for in-patients were being reviewed daily, in consultation with a palliative care consultant or the community GP who were said to be very supportive. Staff could access 24 hour specialist support and advice when necessary and they work in close consultation with Betsi Cadwaladr University Health Board palliative and healthcare professionals. We found that the plans were well designed. They included the aspects of core palliative care as well as promoting an individualised person-centred approach.

We looked at policies that referred to patient capacity (with reference to the Mental Capacity Act 2005) and consent to treatment. Although these described the principles of consent, the policies did not cover these areas in sufficient detail, as per regulations and Standard 9 on patient information and consent. We spoke with the hospice policy lead who agreed to develop a more detailed consent policy.

Improvement needed

There should be a detailed policy about patient consent, with consideration to the areas included in National Minimum Standard 9 and relevant for patients who receive care in a hospice.

Nutrition (Standard 14)

From our review of patient records we saw that patients were being assessed for any specialist fluid and diet/nutrition they required.

We spoke with the head chef and found that there are two qualified chefs and, alongside other kitchen staff, they are also qualified in food hygiene. We saw that some of these training certificates were displayed.

Although there is a four weekly rotational menu (which we were informed is mainly to help with ordering and stock control), patients can have alternative meals and snacks at any time. This was evident during the two lunchtime periods we observed, where we saw different meals and portion sizes being served in accordance with the patients' choices. We observed patients, staff and volunteers eating together in the dining area and there was a relaxed family type atmosphere between them.

Some of the in-patients chose to stay in their room. Again, we observed a dignified approach where staff made sure that the patient was positioned comfortably to eat, the meal time was not rushed and that they were offered help when needed.

Although there was evidence that staff knew about appropriate diet and nutrition, they could not find any specific policy for nutrition. Therefore we advised for a policy to be developed for the hospice. For example, this would be particularly important for patients who are receiving end of life care in terms of the ethical decisions that may need to be made during these times.

Improvement needed

Develop a nutritional policy, in line with professional guidance (for example British Dietetic Organisation, NICE and the All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients).

This policy should also include the areas to consider for patients receiving end of life care.

Delivery of safe and effective care

There were good systems in place to promote safe and clinically effective practise, although the hospice need to ensure that their policies are robust enough to support practice.

The standard of cleanliness was good. There were cleaning schedules in place and regular audits were being undertaken to ensure that standards were being maintained. As there are plans for expansion, we have advised that consideration be given to relocating and improving the sluice room and facilities.

Whilst we saw effective medicines management, we have requested that a review and risk assessment be carried out to support the decision regarding the frequency of the controlled drugs stock balance checks.

Safe and Clinically Effective Care (Standard 7)

The in-patient unit was nurse led and the day service was therapy led, although this was due to be reviewed. From our discussions with a lead nurse and lead physiotherapist, this system appeared to be working effectively. We found that key staff members were attending daily multi-disciplinary meetings and weekly clinical meetings to share information about the various management aspects of these services and patient care. These meetings were also attended by the medical consultant or GP representative.

We found that All Wales guidance and policies were in place, for example for blood transfusion, medicines management and DNACPR (Do Not Attempt Cardio Pulmonary Resuscitation). Local policies were appropriately referenced in line with evidence based professional guidelines. The policy lead reviewed all the hospice policies on a weekly rolling programme in line with new or amended legislation and/or guidelines.

However, we found that a couple of policies were not available as they had been removed from the folder to be updated. The date of the blood transfusion policy was 2007. Although the policies were relatively good, the amount of detail meant that staff would not always be able to locate relevant information quickly. Policy was an area identified for improvement during HIW's inspection in May 2014 and although improvements had been made since, we advised of additional steps that should be taken to ensure that policies are sufficiently robust to support current practice.

Improvement needed

Further work is needed to ensure that guidelines and policies are prioritised and updated in terms of their version dates and relevance to clinical practice.

Some policies, where comprehensive, should be supported with quick reference guides, thus assisting staff to locate key information and contact details quickly when needed.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The registered manager informed us that there had been no safeguarding concerns or incidents in the last few years. There was a safeguarding policy that covered adults and children which, at the time of our inspection was under review.

We were provided with a copy of a staff training matrix which showed that seven staff had received protection of vulnerable adults training in March 2015 and one staff completed this in March 2014. The training matrix did not include child protection training, although we were informed that this was being regularly undertaken by staff. However, we have requested a copy of the updated training matrix and evidence of staff progress with mandatory training (as per page 15-16 of this report).

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

All the areas we saw looked clean and tidy. There were cleaning schedules in place to ensure that a good standard of cleanliness was maintained. We found that there was monthly hand washing audits and we also saw an environmental walk around audit, undertaken in September 2015, which gave the results about every room inspected and overall actions.

We observed that staff were regularly using hand sanitizers, available throughout the building, and they washed their hands and used the appropriate personal protective clothing during the course of their work. There were instructions for visitors to use sanitizers upon entering and on leaving the hospice.

There was a comprehensive IPC policy, including clear instructions for staff to follow to help prevent the spread of infection. One of the nurses was also the infection control link person on behalf of the hospice, which meant that staff could be kept up to date with current developments and guidelines.

We observed that staff had to walk through the laundry area to access the sluice room. The hospice did not have modern sluice facilities, therefore staff had to carry and manually empty bed pans, which added to the risk of cross contamination.

Improvement needed

The location of the sluice room, its design and facilities should be improved in line with the hospice future refurbishment programme and developments for expansion.

Medicines Management (Standard 15)

Medicines, including controlled drugs, were securely stored in lockable cabinets or cupboards. The medication room was accessed by trained staff only. We spoke individually with three of the nurses and found them to be knowledgeable and followed guidelines for the safe receipt, storage, administration, recording and disposal of medication. We checked a sample of medication administration charts and found that all of these had been completed appropriately. Staff responsible for administering medication had completed competency based assessments and courses. Records also showed that nursing staff had received training in different methods of medication administration such as intravenous and infusion.

The hospice staff are supported by a local health board pharmacist, who visits weekly to audit and advice regarding any medication issues as necessary.

We found that a controlled drugs stock balance check was being undertaken weekly. Whereas not compulsory, it is common practice for healthcare services who care for patients requiring regular administration of controlled drugs, to undertake daily stock checks. The Department of Health 'Safer Management of Controlled Drugs' states that controlled drugs:

> *"… should be checked and reconciled with the amounts in the cupboard with sufficient frequency to ensure that discrepancies can be identified in a timely way. The frequency of such checks should be determined locally after a risk assessment has been carried out"*.

The hospice did not have a copy of a risk assessment and therefore we have requested that one is completed for this purpose.

Improvement needed

The frequency of the controlled drugs stock check should be reviewed and a risk assessment undertaken to support the frequency decided.

Managing Risks and Health and Safety (Standard 22)

When looking at documentation we saw that appropriate risks assessments were available, for example on the Control of Substances Hazardous to Health (COSHH), environmental hazards and fire safety. Cleaning products were securely stored.

We found that there were satisfactory building security, on-call and emergency planning arrangements in place. There were contracts for medical devices, electrical equipment and waste management. However no documentation was available for the portable appliance testing (PAT) carried out in May 2015. The registered manager agreed to remind the health board to forward this document to keep at the practice.

Dealing with Concerns and Managing Incidents (Standard 23)

The concerns and complaints procedures are summarised in the Statement of Purpose and Patient's Guide. We found that these arrangements were consistent with regulations and standards. The full complaints procedure was displayed by the reception desk. However, the print size on this notice was small, therefore we advised the hospice to provide an easy read larger print version, so that it is more noticeable for patients and visitors.

Improvement needed

An easy read and larger print version of the complaints procedure should be made available.

We looked at the complaints file and saw that the system included dealing with informal concerns (that is, those that could be quickly resolved) and more formal complaints that needed further investigation. No complaints had been received over the last five years. We spoke with the registered manager about this and she described various methods they have used to obtain constructive feedback from patients and relatives/carers. One of the nursing staff we spoke with correctly relayed the procedures for addressing complaints, demonstrating that patients' and/or their relatives' views are taken seriously by them. Therefore we were confident that if concerns were raised, these would be promptly and appropriately followed up.

Our review of the incidents procedures and the completed incident forms found that they were clearly documented and included any follow up action as needed.

Quality of management and leadership

Overall, the hospice was being effectively led and managed, with due regard to regulations and standards. However, because of management changes, no formal provider visits had been undertaken during 2015 as required by regulations. Therefore these must recommence as a matter of urgency.

Our discussions with staff and questionnaire responses found that staff and managers were being supported and worked very well as a team. Providing good and dignified patient care was central to the staff team.

We found that the relevant employment checks were being obtained prior to new staff and volunteers commencing in post. Although there was evidence of regular training, it was not clear where staff were up to with mandatory training requirements. Therefore, we have asked for a copy of the updated training matrix. We reminded managers that staff appraisals should be completed annually.

Governance and Accountability Framework (Standard 1)

We found that the hospice operated within a clear and robust management framework. Tasks were appropriately delegated amongst the registered manager, the lead managers for the in-patient and day services and the advanced nurse practitioners. There are various daily, weekly and monthly meetings between staff and managers, including joint meetings between the in-patient and day services unit.

We met the Chief Executive Officer who had only recently taken over following the previous Officer's retirement. He described their plans for future expansion, which had been discussed in a strategy meeting with the hospice managers earlier that day.

Under Regulation 28, the responsible individual (or another employee who is not directly involved in the conduct of the hospice) must visit the hospice at least every six months and produce a written report of the findings. However, we found that there were no reports from December 2014 to date, following the retirement of the previous Chief Executive Officer.

Improvement needed

A visit must be undertaken by or on behalf of the registered provider as a matter of urgency and a written report on the conduct of the hospice completed. A copy of this report should be forwarded to HIW as evidence.

Provider visits must be undertaken, and a written report completed, at least every six months thereafter.

We received seven questionnaires from staff members. All of the staff said that the organisation is always or usually supportive and encourages teamwork. A couple of staff members commented about not having been introduced to the new Chief Executive Officer and felt that senior managers do not engage with certain team members. Therefore we advised the Chief Executive Officer and other relevant senior managers to meet with the entire hospice staff at the earliest opportunity so that they are included in issues that affect their work.

We found that some of the management tasks had fallen behind (for example policy and procedure development, monitoring staff training records and conducting staff annual appraisals). Given the overall registered manager's regulatory responsibilities, we reminded the responsible individual and registered manager to closely monitor staffing levels, to ensure that there is sufficient time to complete administrative and management support.

Workforce Recruitment and Employment Practices (Standard 24)

The registered manager informed us that most of the staff have worked at the hospice for a long time. This helps to provide stability and good continuity of care to patients and their relatives/carers.

We looked at the file of a newly appointed nurse and saw that an induction programme had been started; the staff member was supernumerary during this period. All the pre-employment checks (including a disclosure and barring (DBS) check and references) had been obtained prior to the staff member commencing employment. The registered manager confirmed that this recruitment practice is always with new staff members and volunteers.

We were informed that all staff members' DBS checks are renewed every three years, in line with regulations.

Workforce Planning, Training and Organisational Development (Standard 25)

We were provided with the most recent training matrix. However, the advanced nurse practitioner we spoke with was in the process of obtaining updated information from staff about their learning and development progress. Therefore, although we could see that staff had received regular training, it was not clear to see if they were all up to date with mandatory training.

Improvement needed

A copy of the updated training matrix and/or a progress report as to the status of mandatory and specialist training completed, or to be undertaken to ensure

that all staff members are up to date with their training needs, should be provided to HIW.

The advanced nurse practitioner informed us that additional time was being given to registered nurses to complete their revalidation by April 2016, as per their requirement under the Nursing and Midwifery Council[4].

Three of the staff (nursing, domestic and a health care support worker) who responded to our questionnaire named other training that they would find useful:

- Bereavement
- Forensic Science
- Parkinsons Disease
- Stroke Awareness
- General updates and changes in palliative care
- Regular in-house discussion on specific topics
- Infection Control
- Areas in handling safety

Therefore, managers should consider what learning and development opportunities can be provided in the above areas.

Eleven of the staff members received an annual appraisal during 2015. However this process had not been completed for the remaining staff due to management changes. We saw that the template used which enabled staff members to record their strengths and achievements and for subsequent discussions with their line manager to be noted. The appraisal also included the staff member's learning and development needs for the forthcoming year.

Improvement needed

Staff appraisals for the staff who did not receive an appraisal during 2015 should be completed as soon as possible. Staff appraisals should be completed annually.

[4] Further information about revalidation can be obtained via: http://revalidation.nmc.org.uk/welcome-to-revalidation/

All of the staff who responded to our questionnaire indicated that there are always or usually enough staff to enable them to do their job properly. From our discussions with various staff members and managers, we found that there is always a good skill mix of staff to support a safe and effective care of patients at the hospice. Additional comments from staff stated:

> *"St Kentigern is a place where we work as a team, in the past I considered as family to me".*

> *"Patient centred care, where comfort and dignity, symptom control and psychological support is paramount. It is a pleasure to work in a positive atmosphere with experienced team of palliative care specialists".*

Two of the staff added complimentary remarks about the registered manager, one regarding the support she personally received and the other stating that the registered manager:

> *"… is a very supportive manager. Good at heart and always care about staff".*

There was a relaxed, calm atmosphere in the hospice. Although staff were generally busy, we observed that they also spent time talking with patients and relatives, taking an active interest by listening to them and providing emotional support. All the staff and managers we spoke with were approachable and helpful. From our discussions with them it was obvious that they took pride in delivering good, dignified care to patients and relatives/carers.

6. Next Steps

This inspection has resulted in the need for the service to complete an improvement plan. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at St Kentigern Hospice will be addressed, including timescales.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Appendix A

Improvement Plan

Service: St Kentigern Hospice, Upper Denbigh Road, St Asaph

Date of Inspection: 13 and 14 January 2016

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
8	***There should be a detailed policy about patient consent, with consideration to the areas included in Standard 9 and relevant for patients who receive care in a hospice.***	S9 R9(4)			
9	***Develop a nutritional policy, in line with professional guidance (for example British Dietetic Organisation, NICE and the All Wales Nutrition and Catering Standards for Food and Fluid for Hospital Inpatients).***	S14			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	This policy should also include the areas to consider for patients receiving end of life care.				
Delivery of Safe and Effective Care					
11	***Further work is needed to ensure that guidelines and policies are prioritised and updated in terms of their version dates and relevance to clinical practice.*** ***Some policies, where comprehensive, should be supported with quick reference guides, thus assisting staff to locate key information and contact details quickly when needed.***	S1 R9			
12	***The location of the sluice room, its design and facilities should be improved in line with the hospice future refurbishment programme and developments for expansion.***	S13 R26(2)(c)			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
12	***The frequency of the controlled drugs stock check should be reviewed and a risk assessment undertaken to support the frequency decided.***	S15 R9(1)(m) R9(3)			
13	***An easy read and larger print version of the complaints procedure should be made available.***	S23			
Quality of Management and Leadership					
14	***A visit must be undertaken by or on behalf of the registered provider as a matter of urgency and a written report on the conduct of the hospice completed. A copy of this report should be forwarded to HIW as evidence.*** ***Provider visits must be undertaken, and a written report completed, at least every six months thereafter.***	R28			

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
15-16	***A copy of the updated training matrix and/or a progress report as to the status of mandatory and specialist training completed, or to be undertaken to ensure that all staff members are up to date with their training needs, should be provided to HIW.***	S24 R20(2)(a)			
16	***Staff appraisals for the staff who did not receive an appraisal during 2015 should be completed as soon as possible. Staff appraisals should be completed annually.***	S25 R20(2)(a)			

Service Representative:

Name (print): .....

Title: .....

Date: .....