Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

DRIVING IMPROVEMENT THROUGH INDEPENDENT AND OBJECTIVE REVIEW

Ty Hafan Children's Hospice
Hayes Road
Sully
CF64 5XX

Inspection Report 2011-2012

Date of visit: 19 & 20 March 2012

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1. Introduction and Background

1.1 Healthcare Inspectorate Wales (HIW) is the regulator of healthcare services in Wales, a role it fulfils on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority for Wales.

1.2 Independent [1] healthcare providers must be registered with HIW before they can provide services in Wales and to register, they must demonstrate compliance with the Care Standards Act 2000 and associated regulations. Further information about the Standards and related regulations can be found at www.hiw.org.uk.

1.3 Our review of children's hospices focusses on a number of key areas to ensure that those individuals accessing such services are:

- safe;
- cared for in a therapeutic, homely environment;
- in receipt of appropriate care and treatment from staff who are appropriately trained;
- encouraged to input into their care and treatment plans;
- supported to be as independent as possible;
- allowed and encouraged to make choices;
- given access to a range of activities that encourage them to reach their full potential;
- supported to maintain relationships with family and friends.

1.4 As part of our inspection process comprehensive discussions are routinely held with patients and staff and the interaction of patients and staff is carefully observed. We may also meet with family members or patient/service user advocates to seek their views on the care provided. In addition to a review of the appropriateness of the physical environment we also evaluate the adequacy of a range of documentation including; patient care plans, policies and procedures, staff

[1] Independent healthcare – services not provided by the health service.

induction and training plans and complaints. HIW uses a range of expert and lay reviewers for the inspection process including reviewers with extensive experience of palliative and paediatric care.

Ty Hafan

1.5 Ty Hafan is currently registered to provide treatment and nursing care for 10 children/young persons under the age of 19 years. Ty Hafan Children's Hospice is a purpose built facility set in picturesque and well tended grounds. Building works were apparent in the grounds on the day of our visit. There is ample parking for patients, families, staff and visitors and the building is protected and accessed by a secure entry system.

1.6 HIW undertook announced visits to Ty Hafan on the 19 and 20 March 2012 and a visit was also undertaken to the head office on the outskirts of Cardiff to examine a number of staff files and induction/training records. The registered manager (who holds the title of Director of Care), and the Assistant Directors of Care were available throughout the inspection visit.

1.7 The registered provider [2] is Ty Hafan and the hospital is located within a few miles of Cardiff.

1.8 The findings arising from those visits are set out Section 2 of this report. Areas of strength as well as areas that require improvement, including requirements and recommendations for action have been identified.

[2] Registered Provider - means a person or company who is registered under part II of the Act as the person carrying on the establishment or agency.

2. Our Findings

2.1 The Terms of Reference for this review are structured around a series of fundamental questions that we feel patients, their relatives and commissioners of services [3] would want us to address. For ease of reference and understanding we have set out our findings under the heading of each question. Section 3 of this report is where we present our conclusions and next steps and Section 4 identifies any regulatory breaches and good practice recommendations from our findings detailed below.

'Were those accessing services at the time of our visit cared for in a therapeutic, homely environment?'

2.2 A range of facilities were available including, a computer suite, music therapy and an "adolescent den" room. Art and craft work undertaken by the children was displayed throughout the establishment. The layout was purposefully designed to accommodate wheelchair access and ensure ease of access to all bedrooms and facilities. The decoration and ambience of the accommodation was in keeping with the hospice's purpose and philosophy in that it provided a pleasant and homely environment whilst retaining essential clinical features. There were excellent parent accommodation, education and conference facilities. The dining room had a friendly, homely atmosphere and a full range of menus including special diets were provided.

2.3 The following environmental issues were identified and feedback was provided to the management team on the second day of the inspection:

Activity Room – a curtain cord was loose and presented a ligature risk, this must be securely fixed to the wall or removed. In addition all trailing leads from electrical equipment should be secured to minimise the risk of trips and falls.

[3] Commissioners of services - the organisation that is purchasing services and treatment from the registered provider.

Dining room/family area – the loose projector lead needed to be secured to the wall. The wall fixings for the tracking hoist needed to be lowered because some staff found it difficult to reach its present position causing moving and handling difficulties.

All areas containing fixed and mobile hoisting equipment – there were infection control and hygiene risks from the custom and practice of wrapping the hoist handles with foam lagging and securing with adhesive tape, this is also aesthetically very poor. The foam used is normally used for minimising frost damage to domestic plumbing pipework and is not designed for protecting hoist handles. The correct protective material and securing mechanism must be put in place.

Control of Substances Hazardous to Health (COSHH) – there was an unlocked cupboard in the bedroom corridor which contained lotions, room fresheners and cleaning liquids, this must be locked when not in use.

Hand Hygiene - Good evidence of hand hygiene procedures and attention to the health, safety and security of patients, families, staff, volunteers and visitors.

Notice Boards in public areas - pins were being used to secure items to notice boards, these should be replaced by non sharp fixings.

General Maintenance and cleaning – the bathroom sink had no plug and the door protector on the new bathroom (2) was broken but on order. There were a number of walls that required re-painting. The general tidiness and cleanliness of the treatment room could be improved and staff were advised not to store items on top of wall cupboards. Items inadvertently left by families should be labelled and returned at the earliest opportunity.

Staff cleaned the dusty oxygen cylinder carriers immediately following advice from the review team.

General signage - a number of information signs are displayed but the font is not appropriate for those with sensory impairment or communication difficulties. The hospice needs to take account of the bilingual legislation and policy in Wales. Instructions and guidance displayed for reference by staff should contain authors' names, references where appropriate, review dates and be laminated or specially coated to comply with infection control regulations.

Neonatal patients and services - due to the hospices increased focus on the care of neonates, and the high probability of lactating mothers being resident within the hospice, consideration should be given to the installation of a refrigerator designated for the storage of breast milk.

'Were those accessing services at the time of our visit in receipt of appropriate care and treatment from staff who are appropriately trained?'

Staffing

2.4 At the time of our visit staffing numbers were appropriate for the dependency levels and number of patients being cared for. A range of treatments and therapeutic activities were being facilitated.

2.5 In relation to play staff, excellent practice was observed, particularly in relation to activities available for children with sensory impairments and for siblings. Consideration should be given to the play leader developing formal links with the acute hospital play staff. This would provide peer support and ensure hospice play staff had access to updates in relation to education and services.

2.6 In terms of medical input a palliative care consultant and their registrar visit the hospice on a weekly basis and are on-call during the week. A general practitioner (GP) who is studying for a diploma in palliative medicine visits the hospital on a daily basis. If medical assistance is required "out of hours" a Service Level Agreement is in place with the "out of hours" GP service and the GP who visits Ty Hafan under these arrangements, has access to a paediatrician who is based in the University Hospital for Wales.

2.7 Without exception staff were observed to have a good rapport with patients and they had a good level of knowledge of their needs and preferences. Staff interviewed were generally very knowledgeable about the patient group they were caring for and were aware of their roles and responsibilities.

Staff Training

2.8 We interviewed 8 members of staff during our visits and staff told us that there were a range of training opportunities offered to them. Staff had a high level of

motivation, dedication to duty and a desire to improve the services offered and delivered. Staff were aware of Care and Protection issues, All Wales Child Protection Procedures and where to find relevant policies and guidelines. Staff were also appreciative of the staff support available especially following stressful clinical interventions and bereavements.

2.9 Since our last visit in March 2010, the hospice team have extended and developed their knowledge, clinical skills and experience in relation to neonatal palliative and end of life care. There is now a service for babies who require hospice care which includes expertise in transfer from local and neighbouring neonatal units, extubation, ongoing care until death and bereavement support for the family. This innovative aspect of the hospice service is to be commended.

2.10 Many innovations were demonstrated in relation to play and leisure with particular attention being given to the needs of adolescents and fathers. It was acknowledged that work with fathers needed to be further developed.

2.11 Knowledge, skills and expertise are developed through multidisciplinary discussions and reviews. 2 Palliative Care Nurses proactively contact Children's Community Nursing, School Nursing and Acute Nursing teams to raise awareness of Children's Palliative Care needs and the service offered by Ty Hafan.

2.12 Designated training weeks are held each year to ensure that statutory and mandatory training is provided. Individual personal development reviews are held which focus on the development, support and the training needs of each staff member.

2.13 Staff had attended a range of training courses including; Care of the neonate in a palliative care setting, clinical governance and audit, fire warden, defibrillation, sexuality and disability, food handling and hygiene, assessment of need and delivery of care, first aid and bereavement. Individual staff files reviewed contained a recent appraisal review that identified training needs and a development plan.

2.14 Staff at the hospice do not undertake Intravenous canulation and this is undertaken by Community Children's nurses when required in the community. The training and further development of staff to enable them to undertake some complex procedures was being considered by Ty Hafan

2.15 There were no nurse prescribers in the hospice, and HIW were informed that Ty Hafan is investigating suitable courses. Clearly having nurse prescribers in the hospice would enhance the service available.

2.16 The majority of staff stated that they felt valued and supported by management and their colleagues.

Staff Records

2.17 We reviewed a sample of staff records and all records reviewed contained application forms, references, Criminal Records Bureau checks, medical checks/declarations, contracts of employment, evidence of qualifications obtained and of appropriate registration with a professional body.

Policies and Procedures

2.18 There was an extensive range of policies and procedures available and there was evidence that staff were aware of these and had knowledge of where to locate the policies in the event of needing to refer to them.

2.19 A number of policies had been revised to meet the requirements of individualised care and national directives in relation to Children's Palliative and End of Life care and consent. Protocols were in place to enable the sharing of the End of Life plans and neonatal transfer information from Health Boards to Ty Hafan.

'Were those accessing services at the time of our visit encouraged to input into their care and treatment plans, supported to be as independent as possible and allowed and encouraged to make choices?'

Care Records

2.20 We reviewed care documentation and found a large volume of information. It was acknowledged by staff that the extensive documentation needed to be reviewed to avoid duplication and to simplify the whole admission to discharge documentation process. We were informed that new documentation was in the process of being developed and implemented. We noted some good examples of where a number of agencies, parents and children had been involved in the care planning process. Care plans reflected patient's needs and were evaluated and reviewed in line with identified timescales.

2.21 A range of individual patient risk assessments are undertaken and it was clear that these formed the basis of decisions regarding aspects of patient care. Risk assessments examined focussed on manual handling, pressure areas and the use of bed rails. However, no risk assessments in relation to potentially challenging/difficult behaviour were noted and it is important that robust assessment tools are available to ensure that there is a clear strategy to deal with any challenging behaviour displayed by patients. It is however acknowledged that the patients accommodated at the time of the inspection may not have required these assessments. A comprehensive framework of risk had been formulated and it is vital that this information is fed into the audit process to ensure the frameworks utilised are effective for dealing with all aspects of risk including challenging behaviour.

2.22 The appointment of two palliative care nurses is evidence of a proactive strategy to improve service and working relationships with care partners and other agencies. Links have been developed between Ty Hafan and a number of adult hospices on transition arrangements for adults who are 18 years and over.

'Were those accessing services at the time of our visit given access to a range of activities that encourage them to reach their full potential?'

Activities

2.23 Ty Hafan offers a wide range of activities/therapies including, computer skills, music therapy, complementary therapy, a range of play activities, cookery sessions, art and craft and a range of community activities.

2.24 There were extensive facilities available at the hospital including, a computer room, music therapy room, an “adolescent den”, education suite, activity room and a family area. Children and their relatives also had access to a very pleasant and extensive garden.

2.25 Each patient had a range of activities identified to meet their individual needs and this was developed in partnership with the hospice and family and friends.

Catering

2.26 In terms of diet and nutrition a choice of menu was available and patients had access to fresh fruit, juice, hot drinks and water. Food served was very well presented and looked appetising. Volunteers assisted the catering staff with the preparation and cooking of meals.

> ***‘Were those accessing services at the time of our visit able to access independent advocates and were they supported to raise concerns and complaints?’***

Advocacy, Concerns and Complaints

2.27 A complaints policy and procedure was available. The complaints procedure set out the timescales when complainants could expect to receive a full response to their complaint. There was information that gave advice to patients, visitors and others on how to make a complaint. A whistle-blowing policy was also available

2.28 In terms of advocacy we could not establish the extent of the involvement of independent advocates. Therefore the registered provider is requested to submit information regarding this area in line with the timescales identified at the close of this report.

'Were those accessing services at the time of our visit supported to maintain relationships with family and friends and was there effective support for the family?'

Patient and Family Support

2.29 There is a designated family support team and we were provided with evidence of strong, comprehensive family support from the whole team throughout the child's palliative, end of life care and following bereavement.

2.30 The management team have organised honorary contracts for their staff to deliver individualised care to children in acute settings where appropriate and in the best interests of the child. This was of particular benefit when patients had complex needs to ensure a range of staff from different organisations had knowledge and experience of dealing with complex care needs.

2.31 Interviews with family members highlighted how they value the service and how the respite and clinical services available had ensured that they could continue with their caring role refreshed and strengthened. There was some anxiety that the service would not be available for children reaching 18 years of age and that a transfer to the adult hospice would not be age appropriate because the chronological age of the children attending the hospice is not always comparable to their cognitive age and emotional stage. Ty Hafan had developed links with adult hospices to assist with the transitional process with a particular emphasis upon ensuring continuity of care for patients.

3. Conclusion

3.1 Our visits undertaken on the 19 and 20 March 2012 covered a number of key areas. Our overall impression of the service that Ty Hafan offers is that an appropriately skilled and knowledgeable team of staff deliver palliative, end of life care and bereavement care in a dedicated and caring way within a purpose built, attractive, peaceful and safe environment. One regulatory requirement and a number of good practice recommendations were identified and these are detailed within section 4 of this report.

4. Requirements, Recommendations and Next Steps

Requirements

4.1 The requirements set out below address any non-compliance with The Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the 'registered person' to deliver who, as set out in the legislation, includes both the registered provider or registered manager for the establishment or agency. Feedback was provided on the issues identified during the visit at the time, however, the registered person must provide an 'action plan' confirming how they have or, if not, how they intend to put right the required actions. We will, if necessary, take enforcement action to ensure compliance with the regulations.

National Minimum Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
12	26 (2) (a) & (b)	2.3	The registered person must address all of the environmental issues listed within the report, specifically to: • Curtain cord to be securely fixed to the wall or removed. • Secure all trailing leads from electrical equipment to minimise the risk of trips and falls. • Secure loose projector lead to the wall. • Lower the wall fixings for the tracking hoist because some staff find it difficult to reach in its present position causing moving and handling	An action plan of how all of these areas will be addressed is required by 30 November 2012.

National Minimum Standard	Regulation	Findings (paragraph number)	Requirement	Time scale
			difficulties. • The correct protective material and securing mechanism must be fitted to hoist handles. • All cupboards containing cleaning material, lotions etc. must be kept locked when not in use. • Bathroom sink to have a plug and replacement of the door protector on bathroom 2. • The treatment room requires tidying and an improvement in the general cleanliness.	

Recommendations

4.2 Recommendations may relate to aspects of the standards or to national guidance. They are for registered persons to consider but they are not generally enforced. The registered persons are requested to provide an action plan in relation to these recommendations by 30 November 2012

Standard	Recommendation
13	All signage should contain authors' names, references where appropriate, review dates and be laminated or specially coated to comply with infection control regulations.
14	A refrigerator designated for the storage of breast milk should be considered.
1	Consideration should be given to the play leader developing formal links with the acute hospital play staff.

Standard	Recommendation
15	Consideration should be given to staff within the hospice becoming nurse prescribers.
8	Review of the large volume of care documentation to avoid duplication and to simplify the process.
5 & 23	The registered provider is requested to submit information regarding the advocacy service available for the hospice.
21	Consideration to be given to providing additional support for fathers.

Next Steps

4.3 The registered provider is required to send an action plan to HIW addressing the regulatory requirement and good practice recommendations identified within this report within the timescales identified above. It is acknowledged that the registered provider has already began addressing some of the areas following our feedback session.