

**St Kentigern's Hospice
Upper Denbigh Road
St Asaph
LL17 0RS**

Inspection Report 2010-2011

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Inspection Date:	Inspection Manager and Reviewers:
25 March 2011	Mr John Powell and Ms Jennifer Kwakwa

Introduction

Independent healthcare providers in Wales must be registered with Healthcare Inspectorate Wales (HIW). HIW acts as the regulator of healthcare services in Wales on behalf of the Welsh Ministers who, by virtue of the Government of Wales Act 2006, are designated as the registration authority.

To register, they need to demonstrate compliance with the Care Standards Act 2000 and associated regulations. HIW tests providers' compliance by assessing each registered establishment and agency against a set of '*National Minimum Standards*,' which were published by the Welsh Assembly Government and set out the minimum standards for different types of independent health services. Further information about the standards and regulations can be found on our website at: www.hiw.org.uk.

Readers must be aware that this report is intended to reflect the findings of the inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times.

Background and Main Findings

An announced inspection was undertaken to St Kentigern's hospice on 25 March 2011 by an inspection manager and an HIW independent healthcare reviewer. The hospice was first registered on 4 January 1995 for Day Hospital services and on 18 December 2000 to provide In-Patient services. The hospice provides respite and palliative care for adults who suffer from life-limiting conditions. At the time of the inspection visit the hospice was undergoing a period of change and was only admitting up to 4 in-patients. In August 2011 HIW was subsequently informed that the number of in-patients being admitted had increased to six.

As part of the inspection process the registered provider submitted a range of supporting documentation to demonstrate how they meet the National Minimum Standards for Private and Voluntary Healthcare Services. The inspection focused upon the analysis of a range of documentation including the examination of patient records and discussion with the Senior Hospice Advanced Nurse Practitioner and a range of staff employed at the hospital. In addition, a number of patients were also interviewed and feedback obtained from both patients and staff has been used within this report.

The hospice is purpose built standing in the grounds of HM Stanley hospital in St Asaph. It provided both in-patient and day care and these were managed separately within the complex. Both areas were linked by a corridor. The in-patient service was a *'nurse led'* service and for the majority of time no medical staff were on site. The assessment and review of patients was undertaken by Advanced Nurse Practitioners. The written information about eligibility criteria had changed and the new criteria was detailed within the interim operational policy for clinical services at the hospice. Since October 2010 the new exclusion of patients with *'complex needs'* had led to referral acceptance based on two criteria; that the patient's condition was terminal and for respite care. This required documented definition and clarity of both *'complex needs'* and *'terminal care'*. In addition, there was no clarity with regard to what happened when a hospice in-patient who met the initial criteria developed complex care needs.

In respect of the main inspection findings, the registered provider had in place:

- A very comprehensive statement of purpose that detailed the range of services available at the hospital including the treatment and services provided. A patient guide was also available. There was a variety of information available in Welsh and English for patients, carers, visitors and other stakeholders.
- Care documentation that was very comprehensive and the care plan evaluation were routinely undertaken. Patient notes reflected multi-disciplinary team (MDT) input. The Hospice Care pathway for the last

days of life guided practice and recorded patient wishes. Pain relief was medically prescribed and this was continuously monitored and reviewed. It was noted and commended that patients also signed to agree care interventions as documented in their care plan.

- An extensive range of policies and procedures with the date of formulation and review. There was clear evidence that a range of policies, including: record keeping, whistle blowing and complementary therapies had been reviewed and updated. However, staff only signed on one occasion to state that they had read and understood all the documents and with one member of staff there was no evidence that they had read and understood any of the policies and procedures. The inspection manager was informed that the Registered Manager was in the process of obtaining staff signatures to confirm that they had read every policy. In addition, there was no policy and procedure on how to respond to advanced directives.
- There was an on-going education and training programme for staff working within the hospice and this included a range of topics such as: basic life support, de-fibrillation, syringe drivers, manual handling, general Health & Safety and palliative care. However, a significant number of staff had not attended recent training in: infection control, Protection of Vulnerable Adults (PoVA), child protection, what constitutes a complaint and the procedures for dealing with complaints. Two staff had not attended fire prevention training and the inspection team were informed that the nurse who had specific responsibility for infection control was not totally updated in relation to this area and formal links with the external infection control team had lapsed.
- A range of activities/therapies were on offer for both day care and in-patients including: counselling, spiritual support, complimentary therapy, creative therapy, speech, hairdressing and current affairs. In addition, an art therapist was available for a day a week.
- A number of areas had been subject to audit including: terminal agitation, the care pathway system and medicines management. The implementation of national guidelines at St Kentigern's Hospice was monitored and co-ordinated via the Clinical Governance Group. However, the audit programmes did not

include; the presentation of performance indicators and the evaluation against research findings and evidence based practice.

- Patient surveys were undertaken and the completed questionnaires were analysed centrally and results were available on a quarterly basis. An analysis of the results indicated high levels of satisfaction with services at St Kentigern's Hospice.
- There was clear evidence that the management of specific patient conditions took account of the National Institute for Health and Clinical Excellence (NICE) guidelines.
- An array of information was available for patients and this included information on cancer and palliative care. There was also a good network of support services available for patients and their relatives.
- The hospice had access to key information however, it was noted that the specific Palliative Care Formulae (PCF) used by staff was version two when version three was available. The inspectors were subsequently informed that electronic access to version three was available and a PCF version three had been purchased.
- The Advanced Nurse Practitioner could resource the support of the palliative.drugs.com website and this gave comprehensive access to medication guides, policies, problem solving bulletin discussions and education and best practice information.
- The complaints procedure was readily available and staff were made aware of this during the induction process.
- There was a comprehensive induction process in place for the various disciplines of staff and the social worker had completed a six month induction period.

In respect of the other inspection findings feedback from patients was very positive in relation to the attitude and support received from the staff group.

In terms of the delivery of palliative care for patients who attended day care the designated principal lead was the day care lead. However, no member of staff was designated as the principal contact for in-patients. The reason given for this was that currently full time staff worked three long days a week, so a named staff member could be off duty for four days, although the four days could be longer for part-time staff, although all staff clearly articulated that they knew all the patients very well. From the patients' perspective it is invaluable to build a therapeutic relationship and identify one nurse who was specifically and consistently responsible for their overall nursing care. Therefore this area requires a review.

A random sample of staff files was examined and the following documents were located on files: application forms, references, a copy of interview notes, evidence of Criminal Record Bureau (CRB) checks and confirmation that registered nurses were actually registered with the Nursing and Midwifery Council.

There was a clear organisational and management structure for St Kentigern and there was a range of disciplines employed in the establishment. The registered manager of the hospice had a clearly defined management remit and an Advanced Nurse Practitioner (ANP) undertook the clinical lead for the care delivery. The ANP had the appropriate skills and knowledge base for this pivotal role. This role was supported by a number of registered nurses who had undertaken specific training in palliative care.

The Hospice did not provide palliative care services for children; however, children do visit and were provided with bereavement support from a trained counsellor. The Counsellor had attended child protection training and updates, and worked to the North Wales Child Protection Policy and procedures.

In relation to the area of medicines management a brief overview of the ordering, storage, use and disposal of medicines was undertaken. The hospital was supported by Glan-Clwyd pharmacy department and the responsibility of the hospice staff for the ordering, storage and control of medicines was clearly defined. It was observed that medicines were locked securely away when not in use. Medicines brought into the hospice with patients were stored in individual medicine boxes that

were labelled with patient names and locked in the medicines cupboard. Limited supplies of '*Controlled Drugs*' were stocked at the establishment and a British National Formulary (BNF) dated September 2010 was available as a relevant reference source. A medication record was maintained for each of the patients. In terms of the self-administration of medicines, staff spoken with during the inspection visit were clear that they did not think that it was appropriate for patients to self-administer medication in terms of safe monitoring, recording and stock control. Any decision on the self-administration of medicines must be on an individual risk based approach. There was a comprehensive range of policies and procedures in relation to the area of medicines management available at the establishment.

The hospice was accessed via a foyer and the reception was located in this area to ensure that people entering the building can be observed and welcomed. All the facilities are at ground floor level. The in-patient unit provided a relaxing, warm and pleasant environment and some bedrooms overlooked a very pleasant garden area. Bathroom and toilet facilities were accessible from the bedrooms and are of reasonable size, providing specialist baths/showers. Moving and handling equipment was available to assist in patient care. The décor of the bedrooms was cheerful and the patients were encouraged to bring in personal possessions. The day care unit provided a large lounge and a number of smaller rooms for various therapies that were available. In addition, a number of water temperatures was randomly taken during the visit and temperatures ranged from 43 - 60 degrees Celsius. This area was being reviewed by the estates department. A number of empty oxygen cylinders were stored outside and next to a vent system for the tumble dryers in the laundry area; these cylinders were hot and so need to be relocated to a more appropriate storage area.

The catering service for patients provided a choice and variety of meals and there was a menu cycle. Fruit and hot drinks were available throughout the day and the kitchen was located in the centre of St Kentigern's. The head chef ensured effective liaison with the hospice manager and with patients regarding choice of meals and it was evident that a range of special diets were being catered for. Food presented looked appetising and feedback obtained from both patients and staff was very

positive. Dietary advice was available through the dietician employed by the Health Board.

There was a process in place where information received from the Medical Devices Agency was checked by a senior member of staff and any action required was initiated.

Patient records were stored in a room on the first floor in metal cupboards; they were then subsequently archived in the loft with the dates and hospice numbers recorded. There were a number of policies and procedures available regarding records including information management, patient access to records, creation, management, storage and destruction.

It must be noted that the management team were responsive in action planning to meet regulatory requirements.

The inspection manager would like to thank the Advanced Nurse Practitioner (ANP), staff and patients for their time and co-operation during the inspection visit.

Achievements and Compliance

Within the previous inspection report three regulatory requirements had been identified, an action plan had been received and all of the regulatory requirements had been addressed.

In relation to achievements, the hospice had been subject to considerable financial pressure; an interim operational policy had been developed and implemented. The hospice was benefitting from this approach in that it had recently increased the number of in-patients that would be accommodated.

Registration Types

This registration is granted according to the type of service provided. This report is for the following type of service:

Description
<p>Independent hospital service type:</p> <p>Palliative care - Hospice for adults.</p>

Conditions of Registration

This registration is subject to the following conditions. Each condition is inspected for compliance. The judgement is described as Compliant, Not Compliant or Insufficient Assurance.

Condition Number	Condition of Registration	Judgement
1.	The total number of persons accommodated at any one time in the Hospital, aged 18 years and over must not exceed Eight (8) in-patients and Fifteen (15) day patients.	Compliant

Assessments

Healthcare Inspectorate Wales carries out on site inspections to make assessments of standards. If we identify areas where the provider is not meeting the minimum standards or complying with regulations or we do not have sufficient evidence that the required level of performance is being achieved, the registered person is advised of this through this inspection report. There may also be occasions when more serious or urgent failures are identified and the registered person may additionally have been informed by letter of the findings and action to be taken but those issues will also be reflected in this inspection report. Healthcare Inspectorate Wales makes a judgment about the frequency and need to inspect the establishment based on information received from and about the provider, since the last inspection was carried out. Before undertaking an inspection, the Healthcare Inspectorate Wales will consider the information it has about a registered person. This might include: a self-assessment against the standards, the previous inspection report findings and any action plan submitted, provider visits reports, the Statement of Purpose for the establishment or agency and any complaints or concerning information about the registered person and services.

In assessing each standard we use four outcome statements:

Standard met	No shortfalls: achieving the required levels of performance.
Standard almost met	Minor shortfalls: no major deficiencies and required levels of performance seem achievable without extensive extra activity.
Standard not met	Major shortfalls: significant action is needed to achieve the required levels of performance.
Standard not inspected	This is either because the standard was not applicable, or because, following an assessment of the information received from and about the establishment or agency, no risks were identified and therefore it was decided that there was no need for the standard to be further checked at this inspection.

Assessments and Requirements

The assessments are grouped under the following headings and each standard shows its reference number:

- Core Standards
- Service Specific Standards

Standards Abbreviations:

C = Core standards

A = Acute standards

MH = Mental health standards

H = Hospice standards

MC = Maternity standards

TP = Termination of pregnancy standards

P = Prescribed techniques and technology standards

PD = Private doctors' standards

If the registered person has not fully met any of the standards below, at the end of the report, we have set out our findings and what action the registered person must undertake to comply with the specific regulation. Failure to comply with a regulation may be an offence. Readers must be aware that the report is intended to reflect the findings of the inspector at the particular inspection episode. Readers should not conclude that the circumstances of the service will be the same at all times; sometimes services improve and conversely sometimes they deteriorate.

Core Standards

Number	Standard Topic	Assessment
C1	Patients receive clear and accurate information about their treatment.	Standard met
C2	The treatment and care provided are patient – centred.	Standard almost met
C3	Treatment provided to patients is in line with relevant clinical guidelines.	Standard met
C4	Patients are assured that monitoring of the quality of treatment and care takes place.	Standard almost met
C5	The terminal care and death of patients is handled appropriately and sensitively.	Standard met
C6	Patients’ views are obtained by the establishment and used to inform the provision of treatment and care and prospective patients.	Standard met
C7	Appropriate policies and procedures are in place to help ensure the quality of treatment and services.	Standard almost met.
C8	Patients are assured that the establishment or agency is run by a fit person/organisation and that there is a clear line of accountability for the delivery of services.	Standard met
C9	Patients receive care from appropriately recruited, trained and qualified staff.	Standard almost met
C10	Patients receive care from appropriately registered nurses who have the relevant skills knowledge and expertise to deliver patient care safely and effectively	Standard met.
C11	Patients receive treatment from appropriately recruited, trained and qualified practitioners.	Standard almost met.
C12	Patients are treated by healthcare professionals who comply with their professional codes of practice.	Standard met
C13	Patients and personnel are not infected with blood borne viruses.	Standard met

Number	Standard Topic	Assessment
C14	Children receiving treatment are protected effectively from abuse.	Standard not inspected
C15	Adults receiving care are protected effectively from abuse.	Standard almost met
C16	Patients have access to an effective complaints process.	Standard almost met
C17	Patients receive appropriate information about how to make a complaint.	Standard met
C18	Staff and personnel have a duty to express concerns about questionable or poor practice.	Standard met
C19	Patients receive treatment in premises that are safe and appropriate for that treatment. Where children are admitted or attend for treatment, it is to a child friendly environment.	Standard almost met
C20	Patients receive treatment using equipment and supplies that are safe and in good condition.	Standard met
C21	Patients receive appropriate catering services.	Standard met
C22	Patients, staff and anyone visiting the registered premises are assured that all risks connected with the establishment, treatment and services are identified, assessed and managed appropriately.	Standard met
C23	The appropriate health and safety measures are in place.	Standard not inspected
C24	Measures are in place to ensure the safe management and secure handling of medicines.	Standard met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner.	Standard met
C26	Controlled drugs are stored, administered and destroyed appropriately.	Standard met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised.	Standard almost met
C28	Patients are not treated with contaminated medical devices.	Standard met
C29	Patients are resuscitated appropriately and effectively.	Standard met
C30	Contracts ensure that patients receive goods and services of the appropriate quality.	Standard met
C31	Records are created, maintained and stored to standards which meet legal and regulatory compliance and professional practice recommendations.	Standard met
C32	Patients are assured of appropriately competed health records.	Standard met
C33	Patients are assured that all information is managed within the regulated body to ensure patient confidentiality.	Standard met

Number	Standard Topic	Assessment
C34	Any research conducted in the establishment/agency is carried out with appropriate consent and authorisation from any patients involved, in line with published guidance on the conduct of research projects.	Standard not inspected

Service Specific Standards - these are specific to the type of establishment inspected

Number	Hospice Standards	Assessment
H1	Arrangements for care in hospices.	Standard almost met
H2	Palliative care expertise and training for multi-professional teams	Standard met
H3	Assessment of patient's and carer's needs	Standard met
H4	Delivery of palliative care	Standard almost met
H5	Records of care	Standard met
H6	Infection control	Standard almost met
H7	Resuscitation	Standard met
H8	Responsibility for pharmaceutical services	Standard met
H9	Ordering, storage, use and disposal of medicines	Standard met
H10	Administration of medicines	Standard met
H11	Self administration of medicines	Standard almost met
H12	Storage and supply of medical gases	Standard almost met
H13	Assessment and care of children	Standard not inspected
H14	Qualifications and training for staff caring for children	Standard not inspected
H15	Environment of care for children	Standard not inspected

Schedules of Information

The schedules of information set out the details of what information the registered person must provide, retain or record, in relation to specific records.

Schedule	Detail	Assessment
1	Information to be included in the Statement of Purpose.	Met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment.	Met
3 (Part I)	Period for which medical records must be retained.	Met
3 (Part II)	Record to be maintained for inspection.	Met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services.	Not applicable
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital.	Not applicable

Requirements

The requirements below address any non-compliance with The Private and Voluntary Health Care (Wales) Regulations 2002 that were found as a result of assessing the standards shown in the left column and other information which we have received from and about the provider. Requirements are the responsibility of the *'registered person'* who, as set out in the legislation, may be either the registered provider or registered manager for the establishment or agency. Healthcare Inspectorate Wales will request the registered person to provide an *'action plan'* confirming how they intend to put right the required actions and will, if necessary, take enforcement action to ensure compliance with the regulation shown.

Standard	Regulation	Requirement	Time Scale
C4	16 (1)	<p>Findings</p> <p>The audit programmes did not include; the presentation of performance indicators and evaluation against research findings and evidence based practice.</p> <p>Action Required</p> <p>The registered person is required to ensure that the audit programmes include; the presentation of performance indicators and evaluation against research findings and evidence based practice.</p>	Within three months of receiving this report.

Standard	Regulation	Requirement	Time Scale
C15, C16, C19, C27	17 (2) (a)	<p>Findings</p> <p>A significant number of staff had not attended training in; infection control, Protection of Vulnerable Adults, child protection, what constitutes a complaint and the procedures for dealing with complaints.</p> <p>Action Required</p> <p>The registered person is required to ensure all staff receive training in: infection control, Protection of Vulnerable Adults, child protection, what constitutes a complaint and the procedures for dealing with complaints.</p>	Within 28 days of receiving this report.
C19		<p>Findings</p> <p>A number of water temperatures was randomly taken during the visit and temperatures ranged from 43 - 60 degrees Celsius.</p> <p>Action Required</p> <p>The registered person is required to ensure that safe temperatures are monitored and maintained for hot water supplies.</p>	Immediate and on-going.
H1	14 (1) (a) & 15 (1)	<p>Findings</p> <p>Since October 2010 the new exclusion of patients with '<i>complex needs</i>' had led to referral acceptance based on two criteria; that the patient's condition was terminal and for respite care. In addition, there was no clarity with regard to what happened when a hospice in-patient who met the initial criteria developed complex care needs.</p>	Within 28 days of receiving this report.

Standard	Regulation	Requirement	Time Scale
		<p>Action Required</p> <p>The registered person is required to ensure that there was clarity with regard to what happened when a hospice in-patient who met the initial criteria developed complex care needs.</p>	
H11	14 (1) (a) & (5)	<p>Findings</p> <p>In terms of the self-administration of medicines, staff spoken with during the inspection visit, were clear that they did not think that it was appropriate for patients to self-administer medication in terms of safe monitoring, recording and stock control.</p> <p>Action Required</p> <p>The registered person is required to ensure that any decision on the self-administration of medicines must be on an individual risk based approach.</p>	Immediate and on-going.
H12	24 (2) (d)	<p>Findings</p> <p>A number of empty oxygen cylinders were stored outside and next to a vent system for the tumble dryers in the laundry area; these cylinders were hot and so need to be relocated to a more appropriate storage area.</p> <p>Action Required</p> <p>The registered person is required to ensure the safe storage of empty oxygen cylinders.</p>	Immediate and on-going.

Recommendations

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.

Standard	Recommendation
C2	A policy and procedure on how to respond to advance directives is required.
C7, C9 & C11	All staff including medical practitioners should read the policies and procedures relevant to their area of work and sign a statement to this effect.
H4	A member of staff should be designated as the principal contact for each patient and carer.
H6	The nurse who had specific responsibility for infection control should be totally updated in relation to this area and formal links with the external infection control team should be maintained.

Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations for the NHS and coordinate reviews of healthcare by others. In doing so, we aim to reduce the regulatory burden on healthcare organisations and align assessments of the healthcare provided by the NHS and the independent (private and voluntary) sector.

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