

**St Anne's Hospice
Harding Avenue
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Inspection report 2009/2010

Healthcare Inspectorate Wales

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Inspection Date:	Inspection Manager and Reviewers:
17 November 2009	Dr H Davies

Introduction

Independent healthcare providers in Wales must be registered with the 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. The 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

St Anne's is a hospice providing respite and palliative care for adults who were terminally ill. At the time of inspection the hospice had been moved to a ward within the main St Josephs Hospital whilst road-works and refurbishment of the hospice were taking place. They will return to the main hospice site at the end of November 2009. There were ten beds in operation. There were good car parking facilities. The Statement of Purpose had been reviewed and Healthcare Inspectorate Wales (HIW) notified of registration details.

The hospice was accessed via a foyer and the reception was located in this area to ensure that persons entering the building could be observed and welcomed. All the facilities were at ground floor level.

The aim of St Anne's was to provide as homely an atmosphere as possible where the patients were the priority. The atmosphere was very positive and staff was encouraged to develop care and enjoyed working there. Clinically, the environment supported a good standard of care.

The care met the National Minimum Standards and there were aims to ensure continual improvement of care. The treatment provided was person centred and needs assessments were thorough and based on recognised evidence. Palliative care provision was based on the All Wales standards that staff were aware of and the standards were constantly monitored and audited. Procedures and policies were available and used by staff to guide the provisional care.

St Anne's had a clear statement of purpose and service user guide that contained easily accessible information. This was available in each of the patient's rooms. The information provided to patients, families and carers was clear and easily accessible. Written information was available regarding access, criteria for referral and service provision within the hospice admission policy, statement of purpose, hospice website and the hospice brochure which was currently being updated.

St Anne's hospice had a detailed annual report available for prospective patients/families and staff.

Patients' Questionnaire

A patient satisfaction survey was in place in order for the hospice to identify whether patient's and/or families had any concerns/dissatisfaction with any aspect of their care delivery. The user-friendly format of the survey was noted and commended. The patient questionnaire included feedback on privacy, dignity and courtesy and there was an audit tool for this which was currently being reviewed.

Quality of Care

Care was person centred, based on evidence and of a high standard. Care was delivered using a model of nursing based on Roper, Logan and Tierney's model of activities of daily living. There was an admission assessment care pathway and an End of Life care pathway was in operation as appropriate. There were clear monitoring and auditing systems in place. Patient's privacy, dignity and individuality were considered and data protection procedures were in operation in accordance with legislation regarding confidentiality. The hospice is a small unit and as a result all the patients know all the staff. St. Anne's had developed strong links with St David's Foundation and the majority of referrals came from the St David's nurses. A nurse from St David's attended weekly multi disciplinary meetings at St Anne's hospice.

The catering service systems and arrangements were maintained in the main building of St Joseph's Hospital. The catering manager ensured effective liaison with the hospice manager and with patients regarding diet and choice of meals. Each patient was offered three full meals a day and/or given a menu choice of at least one cooked meal option per day.

The statement of purpose identified that a choice of menu was available for patients and any special dietary requirements were catered for via the catering service and/or the district general hospital's dietician. Religious and cultural needs were catered for and a member of the catering staff had attended a course on special diets. Meal satisfaction survey's had been undertaken. The hospice had a coffee shop run by volunteers, which was usually opened on a daily basis.

Arrangements for Care

Discussion with staff revealed that patients and their families were fully involved in decision-making about their care. Staff interacted with patients and a system of daily patient allocation was maintained to provide continuity of care. It was noted and commended that patients also signed agreed care interventions as documented in their

care plan. There was a palliative care consultant employed within the hospice and ongoing medical assessment and care of patients. New referrals were discussed by the multi disciplinary team who met weekly and this was documented. Emergency referrals were discussed by the clinical team to avoid delay in admission if necessary. Discharge planning was comprehensive with arrangements for ensuring that other agencies and equipment were available at the time of discharge.

Records of Care

Patients and their families were involved in deciding their care, evidence-based practice was undertaken and all care was documented daily. Care was determined according to individual patient need and assessment and documentation about patients was extensive and ongoing.

Care of the Dying

Policies/procedures were in place regarding overnight stays for relatives, the action to be taken at the time of death, and last offices. This included guidelines in relation to different ethnic and religious cultures. Arrangements were in place for advocacy, bereavement counselling and pastoral care.

Policies and Procedures

A central policies and procedures folder was available within St Joseph's hospital, which was evaluated and updated on a regular basis. This was available within the care environment for staff to access and there was an up to date system for staff to sign when they have read new policy documents.

Personnel Management

There was a clear organisational and management structure for St Anne's hospice. The manager of the hospice had appropriate qualifications and experience to ensure satisfactory care for the patients. Human resources policies/procedures were available regarding conduct and disciplinary action and arrangements. Policies and procedures were in place in relation to (whistle-blowing) in order for staff to be comfortable with reporting concerns on poor care practices to senior staff. Information on raising concerns is contained within the staff handbook.

There was an ongoing system of education and personal development for each member of staff. However an audit and subsequent action plan was needed to ensure that all staff had being educated and trained in aspects of palliative care. A Criminal Records Bureau (CRB) check was undertaken on all staff and there were systems in place to ensure that all staff were up to date with their professional qualifications. There were appropriate personnel policies and procedures in place.

Records of complaints were maintained within St Anne's hospice and were regularly audited and outcomes were acted upon. Complaints were treated positively in order to improve the care and service provision.

The hospice had systems in place for verifying Nursing and Midwifery Council registration. Training was available for volunteers, qualified and unqualified staff.

Clinical supervision for staff involved monthly clinical group supervision, although 1:1 supervision was available if staff requested this. The system was currently under review with changes planned if required to improve the service.

Adult Protection

An adult protection procedure was in place. Records demonstrated that Adult Protection training had been provided.

Risk Management

A comprehensive risk management strategy was in place within the organisation as a whole. Risk management meetings were held on a regular basis. Detailed risk assessments were in place with the subsequent action undertaken on risks identified. Clinically there are systems in place to reduce risks to both staff and patients, such as moving and handling policies and education and training in the use of medical devices.

Hazard notices were forwarded to the Chief Executive and then disseminated by formal process to all staff.

Health & Safety

A Health and Safety policy/procedure was in place. The hospital had a nominated Health and Safety Officer and a Health and Safety Committee that met regularly attended by staff from St Joseph's hospital and St Anne's hospice. Minutes were retained of all meetings held and Information was disseminated to all staff within the organisation.

There were nominated first aid personnel and first aid boxes and eye wash stations. Key personnel are identified in relation to the use of medical gases.

Policies/procedures were in place regarding safe and secure handling of medicines and use outside product licence.

Staff Fire Training

There was a current Fire Risk Assessment in place. There was a nominated person responsible for fire safety of the premises.

Infection Control

Policies/procedures were in place regarding systems for decontamination processes, health and safety and infection control.

A communication strategy was available with regard to the local NHS Public Health Department

Contracts

Policies/procedures were in place in relation to contracts for the procurement of service and goods. Quality Assurance Monitoring was available regarding procured services and goods relevant to the hospice.

Regular audits and reviews of contract arrangements were undertaken and guidelines of actions to be taken if the service provision/goods were not of the required quality.

Records Management

Policies/procedures were in place regarding the creation, management, handling, storage and destruction of records in line with the Data Protection Act 1998 and the Private and Voluntary Healthcare (Wales) Regulations (2002, Amended - 2007) Designated personnel were responsible for the medical records department.

Health Records

Patient's records were clear, extensive and up to date and all members of the multidisciplinary team used the same record system. These consisted of a set of multidisciplinary records completed by the multidisciplinary team. The Hospice was also able to link in with ISCO (an electronic records data system) in Velindre Hospital, which contributed to seamless care regarding individuals.

Records observed were legible, dated and signed. Additional records pertaining to the care of individual patients was maintained on a clipboard with their prescription chart. It is noted and commended that the care provided by the hospice extended to the patients' relatives/families. There had been some near miss situations with regard to drug administration and consequently a new system of reflective practice had been undertaken to minimise these potential problems.

Information Systems

An information strategy was in place with a designated responsible individual for Information Systems.

Achievements and Compliance

There were no outstanding requirements from the 2008-2009 inspection.

Registration Types

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

Description
Independent Hospital
Independent hospital service type: <ul style="list-style-type: none">• Palliative care - Hospice for adults

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 manager is Nigel Morris	Compliant
2.	The number of persons accommodated shall not exceed ten hospice beds	Compliant
3.	The staffing notice issued on the 7 September 1984 is a condition of registration.	Compliant

Assessments

The 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. The 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 met
C3	Treatment provided to patients is in line with relevant clinical guidelines	Standard met
C4	Patient are assured that monitoring of the quality of treatment and care takes place	Standard 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 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 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 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
C14	Children receiving treatment are protected effectively from abuse	Standard not inspected
C15	Adults receiving care are protected effectively from abuse	Standard met
C16	Patients have access to an effective complaints process	Standard 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 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

Number	Standard Topic	Assessment
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 met
C24	Measures are in place to ensure the safe management and secure handling of medicines	Standard almost met
C25	Medicines, dressings and medical gases are handled in a safe and secure manner	Standard almost met
C26	Controlled drugs are stored, administered and destroyed appropriately	Standard almost met
C27	The risk of patients, staff and visitors acquiring a hospital acquired infection is minimised	Standard 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
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 met

Service specific standards - these are specific to the type of establishment inspected

Number	Hospice Standards	Assessment
H1	Arrangements for care in hospices	Standard met
H2	Palliative care expertise and training for multi-professional teams	Standard almost met
H3	Assessment of patient's and carer's needs	Standard met
H4	Delivery of palliative care	Standard met
H5	Records of care	Standard met
H6	Infection control	Standard met
H7	Resuscitation	Standard met
H8	Responsibility for pharmaceutical services	Standard met
H9	Ordering, storage, use and disposal of medicines	Standard almost met
H10	Administration of medicines	Standard almost met
H11	Self administration of medicines	Standard met

H12	Storage and supply of medical gases	Standard met
H13	Assessment and care of children	Standard met
H14	Qualifications and training for staff caring for children	Standard met
H15	Environment of care for children	Standard met

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	Standard met
2	Information required in respect of persons seeking to carry on, manage or work at an establishment	Standard met
3 (Part I)	Period for which medical records must be retained	Standard met
3 (Part II)	Record to be maintained for inspection	Standard met
4 (Part I)	Details to be recorded in respect of patients receiving obstetric services	Standard not inspected
4 (Part II)	Details to be recorded in respect of a child born at an independent hospital	Standard not inspected

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. The 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
H2 .2, 6, 9.	Regulation 17(2)(a)(b)	<p>Findings No clear documentation for education and training of staff.</p> <p>Action Required The registered person is required to undertake an audit of the education and training of all members of the hospice staff and develop an action plan to implement this process.</p>	January 2010
C25. 1,4. C26.1	Regulation 14(5)	<p>Findings Some missing signatures in the controlled drugs record book.</p> <p>Action Required The registered person is required to ensure that all signatures are recorded in the controlled drugs record book.</p>	48 hours (Completed)

Recommendations

No recommendations have been made.

The Healthcare Inspectorate Wales exists to promote improvement in health and healthcare. We have a statutory duty to assess the performance of healthcare organisations 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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