Ian Bellingham
St Kentigern Hospice
Upper Denbigh Road
St. Asaph
Denbighshire
LL17 0RS

Direct Line: 0300 062 8163
Fax: 0300 062 8387
E-mail: HIWInspections@wales.gsi.gov.uk

1st August 2014

Dear Mr Bellingham,

Re: Healthcare Inspectorate Wales announced visit to St Kentigern Hospice on the 15th July 2014

As you are aware Healthcare Inspectorate Wales (HIW) undertook an announced visit to St Kentigern Hospice on the 15th July 2014.

Overall View of the Healthcare Setting

St Kentigern Hospice provides respite and palliative care for adults who suffer from life limiting conditions. It is purpose built and provided both inpatient and day care and these areas were managed separately but linked by a corridor. Management of the hospice is of a democratic and open style with clear auditing procedures in place that assessed the care and provision both within the hospice and against other respite and palliative care establishments.

The atmosphere was very positive and it is clear that staff were encouraged to develop care approaches and enjoyed working there. The treatment provided was person-centred and needs assessments are through and based on recognised evidence. Palliative care provision was based on All Wales standards and staff are aware of these.

Quality of Treatment and Care

Patient-Centred Care

It was clear that care was of a high standard and person-centred, based on evidence, according to the All Wales standards. Monitoring and auditing systems had recently been reviewed and there was a plan to recommence regular audit which had been limited over the past two years due to other demands on the hospice.

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Care was determined according to individual patient needs and assessment and documentation about patients was extensive and ongoing. Clinical procedures were explained to patients so that they understand the implications of the treatment including the potential risks and side effects, and any other options that could be available to them.

Patients were fully involved in decision making about their care. Patients were encouraged to make as much choice as could be afforded them. All staff appeared to be mindful of patient's rights to privacy, dignity, and independence as their condition allowed. Patients documents viewed at inspection confirmed that medical, nursing, physiotherapists, and occupational therapists were involved in an individual's care. All care was reviewed and documented daily. Patients can access their records and they were aware of this. There were clear referral processes and the hospice also worked closely with community services and other agencies, such as Marie Curie, and Macmillan. The hospice was nurse-led, however, there were regular medical ward rounds and patient care was discussed with the patients themselves and their relatives, if the patients wished this.

Privacy, dignity, and confidentiality during discussions or examinations was provided in private bedrooms, or the use of consulting rooms, clinical rooms, and sitting rooms depending upon the choice of the patient and relative.

Assessment of Patients and Carers Needs

Assessment was undertaken and updated by all members of the multi-disciplinary team. There were care plans in place based on evidence and clear ongoing review of the patient's condition seen through the documentation**.**

Arrangements for Care

The information provided to patients, families and carers was clear and easily accessible. Discussion with staff revealed that patients and their families were fully involved in decision-making about their care.

Records of Care

Patients and their families were involved in deciding their care and evidence-based practice was undertaken. All care was documented daily. Data protection procedures were in operation in accordance with legislation about confidentiality.

Delivery of Palliative Care and Care of the Dying

The hospice followed evidence-based practice and staff were appropriately educated to deliver this. The hospice care pathway for the last days of life, guides practice and patients wishes are recorded.

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Pain relief was prescribed either by advanced nurse practitioners who were appropriately trained, or medical staff, which is continuously monitored and reviewed. Staffing numbers and skill mix were appropriate to meet the needs of the patient and their family.

The terminal care of patients and their families was conducted with sensitivity, care and compassion, which provided comfort, strength and support. Policies and procedures were in place regarding overnight stays for relatives, but not for the action to be taken at the time of death, and last office. These policies were in need of review. Arrangements were in place for advocacy, bereavement counselling and pastoral care.

The hospice does not provide palliative care services for children. However, children do visit family members and were provided with bereavement support from a trained counsellor as required.

Patient Feedback and Complaints

Opportunities for feedback were given to patients and carers, and complaint information was also fed into an ongoing review process. Clear systems were in place for complaints management. However, the policy for complaints was found to be in need of review. The hospice statement of purpose and patient's guide contained information in relation to complaints. Records of complaints were maintained within St Kentigern Hospice and were regularly audited and outcomes were acted upon. Complaints were treated positively in order to improve the care and service provision.

Patients Views

Patients were extremely positive with regard to all aspects of care provision within the hospice. This included staff interaction, information giving and communication. One patient stated "I have no worries at all, at ending my days here".

Policies and Procedures

There were appropriate policies and procedures in place to assist staff with the provision of care and these have recently been reviewed and updated.

Responsibility for Pharmaceutical Services

Ordering, Storage, Use and Disposal of Medicines

There were clear prescription charts. All medicines were stored appropriately according to legislation. Records were kept of all medicines received and of those disposed of, or returned to the family at the end of the patients stay.

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Storage arrangements were good with a dedicated room with cupboards. There were also locked cupboards in each patient's room for their individual medicines. However, despite having a self-medication policy, these cupboards were not used, as patients prefer staff to dispense their medication.

Controlled drugs were stored and handled in accordance with the Misuse of Drugs Act and its Regulations. A review of Controlled Drugs records showed that these were managed appropriately. There were some facilities for staff to obtain medicines information but no ongoing educational programme and it was recommended that all staff involved with medicines administration undergo training over the coming year.

Storage and Supply of Medical Gases

There was a medical gases storage and policy in place.

Clinical Governance and Risk Management

There were clinical governance arrangements in place and these have been reviewed and restructured recently after an absence of regular meetings. We were able to see minutes of recent meetings which showed evidence of discussion and action plans to improve and monitor quality of care. The new clinical governance framework will ensure that quality is maintained. Education, training and risk management systems had recently been reviewed and updated.

Risk Management

Clinically there were 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 intravenous devices. The policies and procedures within the hospice take into account recognised good practice, in addition to and health and safety requirements and laws. Hazard notices were forwarded to the manager and then disseminated by formal process to all staff and this information was recorded.

Health and Safety

Health and safety policies and procedures were in place. Information was disseminated to all staff within the organisation. Control of Substances Hazards to Health Legislation (COSHH) data sheets were continuously reviewed and updated and were held in all departments.

A record of patient, visitors, and staff accidents was maintained. Records were held securely and were audited to analyse trends. Requirements in relation to Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) were undertaken. A communication policy was in place regarding responsibilities for informing Healthcare Inspectorate Wales of serious incidents.

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Staff Fire Training

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

Infection Control

Policies and procedures were in place regarding systems for decontamination processes, health and safety, and infection control. There were also policies and procedures in place to reduce infection. There was adequate equipment, and staff education and training had been undertaken. It was planned that regular infection control audits would be undertaken. The sluice and laundry systems had recently been improved with the introduction of new equipment.

Management and Personnel

Registered Manager

There was a clear organisational and management structure in St Kentigern. The manager of the hospice had appropriate skills and experience to ensure satisfactory care. Other staff members working at the hospice were also suitably qualified and there was a mixture of staff disciplines within the hospice.

Hospice (Clinical Lead) Nurse

The Clinical Lead Nurse of the hospice had appropriate qualifications and experience to ensure satisfactory care for the patients.

Nursing Staff

All staff had relevant qualifications and training to undertake their roles. Nursing staff maintained their practice in accordance with their registration body, the Nursing and Midwifery Council (NMC). There was a system for ensuring that all registered staff were on the register. The ward duty roster confirmed that the number and skill mix of staff on each shift over a 24 hour period were appropriate to the number and needs of patients at the time of inspection.

Palliative Care Expertise and Training for Multi-Professional Teams

There were systems in place to ensure that all staff members are up-to-date with their professional qualifications. There was a system of education and personal development for each member of staff and appraisals were currently being undertaken to determine staff development needs.

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There was a system for group and individual clinical supervision for staff. Staff were expected to keep themselves up-to-date with both clinical and professional practice and with the policies and procedures used within the hospice.

Human Resources

Personnel policies and procedures were in place. A representative sample of staff personnel records was viewed and found to contain the required information, with the exception of Disclosure Barring Scheme (DBS) information which is currently being updated.

Adult Protection

A Protection of Vulnerable Adults (POVA) policy was in place. Records demonstrated that adult protection training has been provided.

Whistleblowing

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 was contained within the staff handbook.

Records Management

All records required by legislation were in place and all documentation was maintained securely, in line with the principles of the Data Protection Act. All data protection and Caldicott guidance was followed and the management of information was observed to be satisfactory. Patient's records were clear and up-to-date and all members of the multidisciplinary team used the same record system.

Research

There was a research policy to ensure appropriate conduct and research was undertaken with the patients consent.

Premises, Environment and Facilities

The Hospice is a purpose built facility, entered from a staffed reception area. To the left, access can be gained to the bed areas, and to the right day care facilities and administrative accommodation. All of the accommodation was maintained to a good standard, and the heating pipes in the day room had been insulated since the last inspection, as had the safety of trailing electrical sockets and rationalisation of storage facilities throughout the premises.

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Fire Safety

The Fire Alarm system was regularly tested each week, and quarterly service reports were satisfactory. The emergency lighting installation was tested each month, and the last inspection on 20th May 2104 had recorded that the efficiency of some lights was intermittent, and a quotation had been requested from the Estates Department. In addition, there was no evidence of any one hour or three hour discharge tests being carried out in accordance with BS 5266. In view of there being no evidence of discharge tests being made, a full three hour discharge test should be made to ascertain the efficiency if the current system. Fire extinguishers were regularly inspected, and serviced in May 2014.

A Fire Risk Assessment had been produced in June 2014, and minor recommendations had been made in respect of signage, door closers and storage cupboard areas.

Electrical Services

The patient call system had been satisfactorily tested in December 2013. A periodic re-inspection certificate had been issued for the electrical wiring installation on the 9th December 2012, which contained many requirements for the certificate to be valid. There were two code C1 and 39 Code C2 requirements, and whilst it was reported on 23rd April 2013 that some items had received attention, it was not clear what was still outstanding.

The guidance notes attached to a NICEIC Certificate (NICEIC is the UK's leading voluntary regulatory body for the electrical contracting industry) state that Code 1 items require urgent remedial work and Code 2 items require immediate remedial action. This matter needs to be urgently addressed.

Portable appliance testing had been carried out in February 2014, as evidenced by labels attached to plug tops. No testing report was available.

Water Services

A risk assessment and water hygiene survey report, dated 29th April 2013, was viewed. Within the risk assessment, fourteen medium concerns were noted, of which three appear to have been actioned, and seven low concerns, of which one appears to have been actioned. These concerns included the removal of dead legs, (excess feed pipework), and hot water temperatures at the furthest outlets only just within the Approved Code of Practice (ACoP) L8 requirements, but not within guidelines of HTM 04-01. An appraisal of this report is needed with an action plan for implementation of outstanding concerns, to ensure a safe system.

Routing tests of the flow and return hot water temperatures to the calorifier appear to show the return temperature not being in compliance with required standards.

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General Services

An asbestos survey report was made on 16th April 2008, and it was advised that the majority of the requirements had now been implemented.

General Points

A new assisted bath purchased an installed in March 2013, and was being serviced in accordance with contractual arrangements. Patient lifting hoists and the stair lift had all been recently serviced.

Gas boilers had been serviced and inspected satisfactorily on 21st May 2014. Since the last inspection, oxygen cylinder storage arrangements had been improved, and a new sluice machine installed and commissioned in June 2014.

Verbal feedback was given throughout the inspection and at the completion of the inspection.

New requirements from this inspection:

Action Required	Regulation Number
Staff DBS requires updating	Regulation 9 (1) (i)
Carry out a full three hour discharge test of the emergency lighting installation and replace any defective fittings	Regulation 26(4)(b)
Produce an action plan for implementation of outstanding requirements from the Periodic Re-inspection Certificate dated 9th December 2012	Regulation 26(2)(a)
Produce an action plan for implementation of outstanding requirements from the Water Hygiene Survey Report dated 29th April 2013	Regulation 26(2)(a)

HIW would like to thank all staff for their time and co-operation during the visit.

Please do not hesitate to contact me should you wish to discuss the content of this letter.

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Yours sincerely

Phil Price
Inspection Manager

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