

Inspection Summary Report

Shalom House Hospice

Inspection date: 15 and 16 August 2023

Publication date: 16 November 2023



This summary document provides an overview of the outcome of the inspection

Digital ISBN 978-1-83577-124-2
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We found the quality of patient care to be good and patients told us that they were happy with the care provided.

Staff were seen to engage positively with patients and patients told us that staff were kind and caring.

The internal environment was well maintained and furnished and decorated to an acceptable standard. However, the garden/parking area to the front of the hospice and the entrance porch required tidying.

There was a multidisciplinary approach to the provision of care with the staff team committed to provide patients with compassionate, safe and effective care.

We found that improvement was required in terms of risk assessments and some aspects of infection prevention and control.

There was good management and leadership at Shalom House with staff telling us that they were happy in their work. However, there was a need to formalise the auditing and reporting process.

Note the inspection findings relate to the point in time that the inspection was undertaken.



What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Shalom House Hospice on 15 and 16 August 2023.

Our team, for the inspection comprised of two HIW Healthcare Inspectors, one clinical peer reviewer and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

At the time of the inspection, patients were in receipt of day care services only. We were told that inpatient services were limited to 10 periods of stay per year, when funding allows.

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our [website](#).



Quality of Patient Experience



Overall Summary

We found the quality of patient experience to be very good.

Patients spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner.

The hospice environment was generally well maintained, clean and tidy. However, the garden/parking area to the front of the hospice and the entrance porch required tidying.

Where the service could improve

- Tidying of garden/parking area and porch.

What we found this service did well

- Clean and welcoming internal environment
- Staff engagement with each other, patients, and their relatives.

Delivery of Safe and Effective Care



Overall Summary

We found the provision of care at Shalom House Hospice to be generally safe and effective.

There was a multidisciplinary approach to the planning and provision of care.

The staff team committed to providing patients with compassionate, safe, and effective care.

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls. However, there was no formal assessment processes in place to support the management of falls and pressure area care.

The interior of the hospice was clean and tidy. However, we identified some issues in relation to infection prevention and control that required improvement.

There were formal medication management processes in place. However, we recommended that the process of transcribing from prescription slips on to medication administration charts be reviewed to reduce the risk of errors.

Patients' care needs were being addressed by staff and staff monitored patients to promote their wellbeing and safety. However, we found that there was no process in place to assess patients on admission and baseline observations were not being conducted on all patients on admission.

Where the service could improve

- Documented pressure area and falls risk assessments for patients receiving respite care
- Basic Life Support training
- Undertake formal assessments of all patients on admission using a recognised assessment tool
- Undertake baseline observations, linked to the National Early Warning Scores (NEWS) assessment, on admission, on all patients in receipt on respite care
- Review the content of anaphylaxis kit to ensure that it reflects current Resuscitation Council UK guidance

- Formulate a risk assessment around the availability and location of the defibrillator
- Ensure that the code for defibrillator is in a location which is easily accessible to staff in an emergency
- Consider and reflect the location of the defibrillator in patients' Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) assessments
- Include a statement within the self-medication policy to reflect the management of patient's own Oxygen cylinders brought into the hospice
- Formulate a needle stick injury policy
- Formulate a comprehensive clinical risk assessment linked to staff qualifications and competencies
- Review the process of transcribing from prescription slips on to medication administration charts to reduce the risk of errors
- Explore the possibility of securing regular pharmacy support
- Introduce a system to identify when equipment has been cleaned e.g 'I am clean' stickers
- Ensure that covers are removable in order to enable effective cleaning behind radiators
- Include review dates on all written policies and procedures
- Arrange regular checks, servicing and calibration of medical equipment such as hoists, suction machine, blood pressure, oxygen saturation and blood sugar monitoring devices
- Move to all electronic records.

What we found this service did well

- Provision of person centred and holistic care
- Multi-disciplinary approach to the assessment, planning and provision of care
- Infection prevention and control in general
- Medication management in general
- Good risk assessment processes for day care patients
- Use of i-pads for staff
- Consent to share information sought from patients.

Patients told us:

“I’m very satisfied with all the care that I have received.”

“This is a wonderful place staffed by amazing people, so helpful and informative. Speaking as a patient please don't ever change.”

Quality of Management and Leadership



Overall Summary

We found good management and leadership at the hospice, with staff, in general, commenting positively on the support that they received from the management team.

Staff told us that they were happy in their work and that an open and supportive culture existed.

However, two staff members, in response to the questionnaire, stated that senior managers are not always visible with one respondent telling us that their manager does not ask for their opinion before making decisions that affect their work.

Where the service could improve

- Include information on how to raise a concern or make a comment in a prominent position within the hospice for patients and visitors to see
- Formalise the oversight of staff who also work in other settings to ensure that the hours worked are in line with the Working Time Directive
- Formalise a comprehensive auditing and reporting process
- Formulate a comprehensive risk register
- Ensure that the registered provider fully discharges their responsibility under Regulation 28 of the Independent Health Care (Wales) Regulations 2011.

What we found this service did well

- Manager accessibility
- Recruitment process
- Staff support and supervision
- Good management oversight
- Trustee engagement and oversight
- Comprehensive Policies and procedures
- Good staff and patient communication processes.

Staff told us:

“Shalom House is an excellent day care service available for people in Pembrokeshire with life limiting conditions. I feel that Shalom House could be better utilised with more funding, to provide extra respite weeks & end of life care for those who do not wish to die in hospital or in their own home.”

“It is a lovely place with people's care and welfare at the heart of it. Would be lovely if it could re-open full time to offer the much-needed end of life care in Pembrokeshire.”

Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the service to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the service to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition, we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the service to confirm action has been taken in line with management responses documented in the improvement plan. We also ask services to provide documented evidence of action taken and/or progress made.

