

Independent Healthcare Inspection Report (Unannounced)

Shalom House Hospice

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. 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.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of nine questionnaires were completed by patients or their carers and 11 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

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

This (full) report 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.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

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.

This is what we recommend the service can improve:

- Tidying of garden/parking area and porch.

This is what the 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 were 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.

Immediate assurances:

HIW highlighted the following serious issues which required immediate action by the provider to prevent significant harm to patients, members of the public and staff. Please note this list is not exhaustive and full details are contained in Appendix B:

- The registered person had not ensured that formal, documented assessments were conducted on patients with regards to pressure area care and falls risks
- There were no formal, documented pressure area and falls risk assessments in place for patients receiving respite care at the hospice
- Staff at the hospice had not received Basic Life Support training.

This is what we recommend the service can improve:

- 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 all patients on admission
- 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 in to 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 radiator 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

This is what the 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

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.

This is what we recommend the service can 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.

This is what the 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.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection, in addition to face-to-face discussions, we used paper and online questionnaires to obtain views and feedback from patients about the service offered at Shalom House.

In total, we received nine responses. Not all questions were completed by some respondents.

Patients were very positive about the care offered at Shalom House. Comments included:

“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.”

Staff Feedback

We issued online questionnaires to obtain the views of staff working at Shalom House. Responses from staff were generally positive, with staff telling us that they were satisfied with the quality of care and support they give to patients. Staff also told us that they would be happy with the standard of care provided by their hospice for themselves or for friends and family and that the hospice was a good place to work in.

Most respondents felt that communication between senior management and staff was effective.

Some positive comments we received from staff and suggestions as to how the service could improve are shown below:

“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.”

“I have found the management and Trustees to be supportive of me both within my role and personally. I can honestly say that it has been my pleasure and privilege to work here. I have seen the positive impact the service has had on people's lives and would recommend the hospice to anyone who is in need of care at such a difficult time in their lives.”

“It is very much patient orientated. The team give excellent levels of care and support because they have the time to.”

Health promotion, protection and improvement

Health related information and pamphlets were available in various parts of the hospice, many of which were bilingual.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

Dignity and respect

We found that patients were treated with dignity, respect, and compassion by the staff team.

We observed staff being kind and respectful to patients. We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients told us that staff were always polite and listened, both to them and to their friends and family, and that staff called them by their preferred name.

All patients agreed that staff had talked to them about their medical conditions and helped them to understand them.

Bedrooms were furnished and decorated to good standard. Patients and relatives had access to communal lounge and a separate dining room. There was also access to a garden with outside seating for patients and visitors to enjoy the panoramic views of the surrounding countryside.

Patients were offered the opportunity to engage in group and/or individual activities and therapy.

Patient information and consent

The Statement of Purpose and Patient Guide, available in Welsh and English, provided useful information about the different types of services provided, the hospice facilities and staff.

We saw staff seeking patients' consent before delivering care and patients' consent was also sought before sharing information about their care with other professionals.

Communicating effectively

Throughout the inspection, we saw staff communicating with patients in a calm and dignified manner. Patients were referred to according to their preferred names. Staff were seen communicating with patients in an encouraging and inclusive manner.

We were told that some staff members spoke Welsh and one of the Trustees, which meant that Welsh speaking patients and relatives could converse with them in Welsh should they choose to do so.

Care planning and provision

The quality of the patients' records we looked at was good, with written evaluations completed by the care found to be comprehensive and reflective of any changes in the care provided.

Patients were involved in the planning and provision of their own care, as far as was possible. Where patients were unable to make decisions for themselves, we saw evidence that relatives were consulted and encouraged to make decisions around care provision.

The multi-disciplinary healthcare team provided patients with individualised care according to their assessed needs. There were robust processes in place for referring changes in patients' needs to other professionals such as the tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

For those patients in receipt of respite care, we found that there were adequate discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, occupational therapists and social workers prior to leaving the hospice.

The hospice team work in consultation with the health board palliative care team and other healthcare professionals. Consequently, staff could access specialist

support and advice when necessary, for example from dieticians, tissue viability specialist nurses and speech and language therapists.

Equality, diversity and human rights

We saw that staff provided care in a way to promote and protect patients' rights.

We found staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms were closed when care was being delivered.

We found that Deprivation of Liberty Safeguards (DoLS) and Mental Capacity assessments were being conducted as and when needed.

We found that Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative. We recommended that patients' decision regarding resuscitation be clearly highlighted at the front of their notes.

The registered provider must ensure that patients' decision regarding resuscitation be clearly highlighted at the front of their notes.

Citizen engagement and feedback

We were told by staff that the number of complaints received about the service was very low and dealt with at source where possible.

The hospice concerns and complaints procedures are referred to in the Statement of Purpose and Patient Guide. These arrangements were consistent with regulations and standards. However, we did not see any information displayed within the hospice or on their website advising patients and visitors on how to raise a complaint or comment on the service offered.

The registered provider should make information available within the hospice and on the website on how to raise a concern or make a comment.

Delivery of Safe and Effective Care

Managing risk and health and safety

We found that the delivery of care was safe and effective, where patients' care, and providing support to their relatives/carers, were the main priorities for the staff.

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines. However, the documents did not contain review dates.

The registered provider must ensure that policies and procedures contain review dates.

General audits and risk assessments were being undertaken to reduce the risk of harm to patients, staff, and visitors. However, we found that patients' clinical risk assessments, such as falls risk assessments and pressure area risk assessments, were not being undertaken routinely.

We also found that there was no needle stick policy in place.

The registered provider must ensure that a needle stick policy is drawn up and that staff are made aware of the actions to be taken in the event of such an injury.

We found satisfactory security, on-call and emergency planning arrangements in place.

Infection prevention and control (IPC) and decontamination

There were generally good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. However, we recommend that a system be introduced to identify when equipment has been cleaned e.g 'I am clean' stickers. We also recommend that staff regularly clean behind radiators.

The registered provider should introduce a system to identify when equipment has been cleaned e.g 'I am clean' stickers.

The registered provider should ensure that staff regularly clean behind radiators.

There was an infection control policy in place supported by comprehensive cleaning schedules. However, the policy did not reflect the decontamination of equipment such as the suction machine.

The registered provider should review the IPC policy and include a section on the decontamination of medical equipment.

We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection. However, there was no written evidence of any formal IPC audits being undertaken.

The registered provider must implement a formal IPC audit process and maintain records of the findings of such audits.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospice. However, there was no evidence of hand hygiene audits being undertaken.

The registered provider must implement formal hand washing audits and maintain records of the findings of such audits.

Nutrition

At the time of the inspection, patients in receipt of day care were expected to bring in their own food. However, we were told that staff prepare food for patients who are in receipt of respite care.

Patients had access to drinks throughout the day with staff providing cold drinks, tea and coffee.

Staff were seen helping patients with their food and drink as needed.

Medicines management

Medicines management arrangements were generally safe, effective, and well organised.

There was a comprehensive medication management policy in place. This was being reviewed and updated on a regular basis.

Medication was appropriately stored.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed. However, we found that staff routinely transcribe information from prescription slips on the individual medication administration (MAR) charts. This increases the risk of errors and the process should be reviewed.

The registered provider must review the process of transcribing information from prescription slips on to the MAR charts to reduce the risk of errors.

There was a patient self-administration of medication policy in place. However, this did not cover the management of oxygen cylinders brought into the hospice by patients.

The registered provider must review the medication self-administration policy and include a section on the management of Oxygen cylinders brought into the hospice by patients.

We found that the medication within the anaphylaxis kit required reviewing to ensure that they reflect current Resuscitation Council UK guidelines.

The registered provider must review that medication within the anaphylaxis kit to ensure that they reflect current Resuscitation Council UK guidelines.

The hospice did not benefit from regular pharmacy support and it is recommended that the registered provider explore the possibility of securing such support.

The registered person should explore the possibility of securing regular pharmacy support.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place.

We were told that there were no active safeguarding issues at the hospice at the time of the inspection.

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment such as hoists, a suction machine, blood pressure, oxygen saturation and blood sugar monitoring devices. However, there was no documented evidence of the equipment being regularly checked, serviced and calibrated.

The registered provider must ensure that equipment is checked, serviced and calibrated on a regular basis and that records are maintained to reflect this.

There was no defibrillator within the hospice with the nearest one located outside the nearby rugby club. The code for the defibrillator was located in the staff room on the first floor of the hospice. There was no risk assessment in place to reflect the location of the defibrillator and there was no evidence that this was being considered when discussing resuscitation wishes with patients and their relatives.

The registered provider must draw up a risk assessment reflecting the location of the defibrillator and ensure that this is made clear to patients and their relatives when discussing their wishes in relation to resuscitation. In addition,

the registered provider must ensure that the code for the defibrillator is kept in a location which is easily accessible in the event of an emergency.

Safe and clinically effective care

There was evidence of very good multi-disciplinary working between the care staff at the hospice and other professionals therapy staff, GPs and specialist nurses.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care. However, in respect of those patients receiving respite care, National Early Warning Scores (NEWS) were not routinely assessed or recorded in order for deviations from a baseline to be monitored and responded to.

The registered provider must ensure that staff implement and document NEWS assessments on all patients in receipt of respite care.

We found that there was no general risk assessment in place linked to staff competency. Given the comparative isolation of the service in terms of location and access to other healthcare services we feel that such a risk assessment is needed.

The registered provider should undertake a comprehensive clinical risk assessment linked to staff training and competency. The registered provider should also document and review the risk assessment on a regular basis.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. Records were being maintained electronically for day care patients and in paper format for the respite patients. We recommended that all patient records be maintained electronically.

The registered provider should move to an all electronic patient records management system.

There was a formal information governance framework in place and staff were aware of their responsibilities in respect of accurate record keeping and maintenance of confidentiality.

Through examination of training records, we confirmed that staff had received training on information governance.

Quality of Management and Leadership

Governance and accountability framework

The registered manager was based at the hospice making them available to patients, visitors and staff. This also enabled them to monitor and assess the quality of the service provided. However, this process was informal and there was no formal structure in place to support the hospice's governance and management arrangements.

The registered provider must formalise the governance and management arrangements by introducing a rolling programme of auditing, reporting and evaluation of the service provided.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place and we found that formal, documented staff performance and appraisal reviews were taking place on a regular basis.

Team meetings were being held on a regular basis and minutes maintained and shared with those staff members unable to attend.

We spoke with several staff members and found them to be friendly, approachable, and committed to delivering a high standard of care to patients and their relatives/carers.

We were told that the responsible individual visits the hospice regularly and is contactable by phone or e-mail at other times. This enables them to monitor the service on a regular basis and makes them accessible to staff, patients and relatives. Other members of the Board of Trustees also visit the hospice on a regular basis. However, there was no documented evidence of such visits.

The registered provider must ensure that they fully discharge their responsibility under Regulation 28 of the Independent Health Care (Wales) Regulations 2011.

Dealing with concerns and managing incidents

The hospice's Statement of Purpose and Patient Guide, available in Welsh and English, provides information about how to raise a concern or complaint.

We were informed by staff that the number of complaints received about the hospice were very low and are dealt with at source where possible.

All of the staff members who completed the questionnaire said that the organisation encourages them to report errors, near misses or incidents and thought staff who are involved are treated fairly.

All respondents said they would feel secure raising concerns about unsafe clinical practice and are confident that their organisation would address their concerns.

As previously mentioned, we did not see any information displayed within the hospice or on their website advising patients and visitors on how to raise a complaint or comment on the service offered.

Workforce planning, training and organisational development

Staff at the hospice were encouraged to access both in house and external training opportunities.

The staff training information provided showed mandatory training completion rates to be good. Staff were expected to complete training in subjects such as fire safety, infection control, Mental Capacity Act, Deprivation of Liberty Safeguards, Health & Safety and Safeguarding as well as service specific training.

Most staff who completed the questionnaire felt they had appropriate training to undertake their role. One felt they had ‘partially’ and two respondents made the following comments on what training they would find useful:

“Specific palliative care training.”

“Maybe more training in palliative care.”

Workforce recruitment and employment practices

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the hospice had followed the appropriate procedures and undertaken relevant recruitment checks prior to the commencement of employment.

4. 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 following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's [website](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were highlighted during this inspection.			

Appendix B - Immediate improvement plan

Service: Shalom House Hospice

Date of inspection: 15 and 16 August 2023

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered person must ensure that formal, documented assessments are conducted on patients with regards to pressure area care and falls risks and that these are reviewed and updated on a regular basis.	The Independent Health Care (Wales) regulations 2011 Regulation 15. (1)	Creation of risk assessments for pressure area care and fall risks - updated versions uploaded on 05/09/23	Registered Manager	Basic pressure and fall risk assessment in place 23/08/2023 - see uploads please see updated versions uploaded on 05/09/23
		The completion of two clinical risk assessments for pressure care and falls.	Registered Nurses Overseen by Registered Manager	Friday 8 th September 2023
		All risk assessments will be reviewed as follows by the RNs: <ul style="list-style-type: none"> • Upon admission 	Registered Nurses	Continually ongoing

		<ul style="list-style-type: none"> • At each 10 week review • Upon each respite stay undertaken • If any needs change <p>Reviewed and updated the Risk Assessment policy to include points where reviews of all risk assessments are to be carried out - see updated policy uploaded on 05/09/2023</p>	<p>Overseen by Registered Manager</p> <p>Registered Manager</p>	<p>Completed 05/09/2023</p>
<p>The registered person must ensure that staff working at the hospice received Basic Life Support training and that the training is updated on a regular basis.</p>	<p>The Independent Health Care (Wales) regulations 2011</p> <p>Regulation 21. (1) (a)</p>	<p>Our 2 contracted Registered Nurses and the Registered Manager and Business Manager have taken online BLS Level 1 training - see training matrix and certificates uploaded.</p>	<p>Registered Manager</p>	<p>Completed 05/09/2023</p>
		<p>One of our Bank RNs has BLS Level 1 - 2 and 3 in place - see training matrix</p>	<p>Registered Nurse</p> <p>Overseen by Registered Manager</p>	<p>Completed</p>
		<p>The second Bank RN does not have BLS training in place and will not work at Shalom House until they have completed</p>	<p>Registered Nurse</p> <p>Overseen by</p>	<p>13th October 2023</p>

Appendix C - Improvement plan

Service: Shalom House Hospice

Date of inspection: 15 and 16 August 2023

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that patients’ decision regarding resuscitation be clearly highlighted at the front of their notes.	Independent Health Care (Wales) Regulations 2011 Regulation 15. Standard 7.	Resuscitation details are included on each Individuals Service Delivery Plan, these will also now be highlighted to support awareness and clarity for all team members. The Service Delivery Plan is the first document accessed by each team member to guide their provision of care.	Registered Manager and Registered Nurses	With immediate effect
		Additionally, during respite periods, each Individuals resuscitation details have also been highlighted on the daily handover forms in addition to the Service Delivery Plans. This	Registered Manager and Registered Nurses	Completed with immediate effect

		ensures all team members have an awareness of each individual's resuscitation wishes both verbally and in written form.		
The registered provider should make information available within hospice and on the website on how to raise a concern or make a comment.	Independent Health Care (Wales) Regulations 2011 Regulation 19. and 24. Standard 5. Citizen Engagement and Feedback Standard 23. Dealing with Concerns and Managing Incidents	Our IT person has been instructed to add the complaints policy to the website. This information will also be added to the notice board in the entrance area at Shalom House to support easier and clear access to raise any concerns, complaints, or compliments. We will create a QR code to link directly to the website and this will also be added to the information board.	Business Manager and IT Support Business Manager Business Manager	03/11/2023 03/11/2023 03/11/2023
The registered provider must ensure that policies and procedures contain review dates.	Independent Health Care (Wales) Regulations 2011	All policies and procedures will be reviewed and ensure that all	Registered Manager	10/11/2023

	<p>Regulation 19.</p> <p>Standard 1. Governance and Accountability Framework</p>	<p>policies have a review date added.</p>		
<p>The registered provider must ensure that a needle stick policy is drawn up and that staff are made aware of the actions to be taken in the event of such an injury.</p>	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 9. And 19.</p> <p>Standard 22. Managing Risk and Health and Safety</p>	<p>Needle Stick Injuries are covered in three other policies but to support team knowledge and clarity, we will also create a separate Needle Stick Policy to ensure clarity.</p>	Registered Manager	10/11/2023
		<p>All team members will complete Needle Stick training.</p>	Registered Manager	20/11/2023
<p>The registered provider must ensure that equipment is checked, serviced and calibrated on a regular basis and that records are maintained to reflect this.</p>		<p>We will audit all equipment at Shalom House and ensure that there is a service date recorded.</p>	Business Manager	10/11/2023 and ongoing.
		<p>For any equipment that needs to be serviced or recalibrated we will arrange this and maintain</p>	Business Manager	31/12/2023 and ongoing.

		<p>future services / calibration dates as part of the auditing process.</p> <p>We will create an equipment audit form and carry out 6 monthly audits on all the equipment.</p>	Business Manager	15/12/2023 and ongoing,
The registered provider should introduce a system identify when equipment has been cleaned e.g 'I am clean' stickers.	<p>Independent Health Care (Wales) Regulations 2011</p> <p>Regulation 15. (8) (c)</p> <p>Standard 13. Infection Prevention and Control (IPC) and Decontamination</p>	<p>"I am clean" stickers have been purchased and will be in use, effective immediately.</p> <p>A cleaning audit will be created to ensure these processes are fully completed to a high standard, auditing every month.</p>	<p>Business Manager</p> <p>Business Manager</p>	<p>27/10/2023 and ongoing.</p> <p>10/11/2023 and ongoing.</p>
The registered provider should ensure that staff regularly clean behind radiators.		All radiators will be inspected to establish if the covers can be removed easily for cleaning purposes. If they are not able to be removed, we will look at alternative equipment to support cleaning behind radiators.	Business Manager	<p>01/12/2023</p> <p>10/11/2023</p>

		<p>We will update the weekly cleaning schedule to include radiator cleaning.</p> <p>We will create a monthly IPC audit for the managers to complete and ensure high IPC standards are maintained.</p>	<p>Business Manager</p> <p>Business Manager and Registered Manager</p>	<p>01/12/2023 and ongoing.</p>
<p>The registered provider should review the IPC policy and include a section on the decontamination of medical equipment.</p>		<p>IPC Policy will be reviewed and updated to include decontamination of all medical equipment.</p> <p>This process will then be monitored and maintained as part of the monthly IPC audit to ensure high IPC standards.</p>	<p>Registered Manager</p> <p>Business Manager and Registered Manager</p>	<p>01/12/2023</p> <p>01/12/2023 and ongoing.</p>
<p>The registered provider must implement a formal IPC audit process and maintain records of the findings of such audits.</p>		<p>IPC audit will be created and completed monthly. Any findings will be recorded and addressed to ensure high IPC standards are maintained.</p>	<p>Business Manager and Registered Manager</p>	<p>01/12/2023 and ongoing.</p>

<p>The registered provider must implement formal hand washing audits and maintain records of the findings of such audits.</p>		<p>A formal handwashing audit will be created based on the NHS Handwashing Audit.</p> <p>All team members will complete hand washing training to ensure knowledge is current and everyone has full understanding of the importance of hand washing.</p> <p>The audit will be completed monthly by the Managers</p>	<p>Business Manager Donna Humphrey</p> <p>Business Manager and Registered Manager</p>	<p>10/11/2023</p> <p>20/11/2023</p> <p>10/11/2023 and ongoing</p>
<p>The registered provider must review the process of transcribing information from prescription slips on to the MAR charts to reduce the risk of errors.</p>	<p>Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a)</p> <p>Standard 15. Medicines management</p>	<p>The review of this process will be carried out to further ensure the reduction of errors with the Registered Nurses. While this review is being carried out any MAR charts will be checked by a 2nd team member (Manager) for any errors, prior to any medication being supported or administered.</p>	<p>Registered Manager Registered Nurses</p>	<p>03/11/2023</p>

		<p>The Registered Manager has discussed this concern with the local health board, as respite periods provide an unusual challenge. Each Individual attending respite has their own medications and prescribing pharmacy and will be in attendance for 5 days maximum during the respite stay. The Registered Manager will arrange to discuss this situation with the local health board (Hywel Dda University Health Board) North Cluster Pharmacist and the Community Pharmacy Hub to seek advice on how to ensure the process is as robust as possible, the outcomes will form part of the review of the process of transcribing prescription medications.</p>	Registered Manager	15/12/2023
<p>The registered provider must review the medication self-administration policy and include a section on the management of</p>		<p>The Medication Self Administration policy will be reviewed and updated to include the management of Oxygen</p>	Registered Manager	24/11/2023

Oxygen cylinders brought into the hospice by patients.		cylinders, including those who self-administer their own oxygen.		
The registered provider must review that medication within the anaphylaxis kit to ensure that they reflect current Resuscitation Council UK guidelines.		The anaphylaxis kit will be reviewed to ensure it meets the current Resuscitation Council UK guidelines. Any item which is found to need replacing or to be included will be replaced or purchased.	Business Manager Registered Nurses	03/11/2023
		The anaphylaxis kit will be included in the equipment audit and will be checked on a monthly basis.	Business Manager and Registered Manager	15/12/2023
The registered provider must draw up a risk assessment reflecting the location of the defibrillator and ensure that this is made clear to patients and their relatives when discussing their wishes in relation to resuscitation. In addition, the registered provider must ensure that the code for the defibrillator is kept in a location which is easily	Independent Health Care (Wales) Regulations 2011 Regulation 15. Standard 7.	A risk assessment will be created regarding the location of the defibrillator, and this will be shared with the team. The location of the defibrillator will be discussed as part of the initial assessment process carried out with any Individual attending Shalom House, for	Business Manager Registered Manager Registered Nurses	10/11/2023 With immediate effect

<p>accessible in the event of an emergency.</p>		<p>both the day centre and respite stay services.</p> <p>We will review and update our Statement of Purpose to include this information.</p> <p>Respite admission information will be reviewed and updated to ensure that the attendees and their families are informed of the location of the nearest defibrillator.</p> <p>The code for the defibrillator has been put in the downstairs sluice room for easy access for all team members, should an emergency arise.</p> <p>All team members will be updated of the location of the code via an emailed team update.</p>	<p>Registered Manager and Registered Nurses</p> <p>Registered Manager</p> <p>Business Manager</p> <p>Registered Manager</p>	<p>22/11/2023 - including time for this updated Statement of Purpose to be sent to HIW.</p> <p>10/11/2023</p> <p>30/10/2023</p> <p>30/10/2023</p>
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		To ensure all team members are fully aware of the location of this code this will be repeated in the next team meeting in December 2023.	Registered Manager	22/12/2023
The registered provider must ensure that staff implement and document NEWS assessments on all patients in receipt of respite care.		NEWS assessment had been added to the respite admission forms which are completed by the Registered Nurses on the day of arrival for a respite stays at Shalom House.	Registered Manager	With immediate effect
		NEWS assessment has been added to the respite stay handover form to ensure all team members have full awareness.	Registered Manager	With immediate effect
The registered provider should undertake a comprehensive clinical risk assessment linked to staff training and competency. The registered provider should also document and review the risk assessment on a regular basis.		All team members will be asked to compile a list of their current professional competencies.	Registered Manger Team Members	01/12/2023
		This information will, in conjunction with the training matrix, form a record of	Registered Manger	10/01/2024

		<p>competencies around the skills held within the team.</p> <p>A risk assessment will be created identifying any gaps in competency.</p> <p>This risk assessment will be reviewed annually.</p> <p>This record of competencies will support identifying future training needs.</p> <p>This record of competencies will be audited on an annual basis.</p>	<p>Registered Manger</p> <p>Registered Manger</p> <p>Registered Manger</p> <p>Registered Manger</p>	<p>01/02/2024</p> <p>Ongoing after 01/02/2024</p> <p>Ongoing after 10/01/2024</p> <p>Ongoing after 10/01/2024</p>
The registered provider should move to an all-electronic patient records management system.	Independent Health Care (Wales) Regulations 2011 Regulation 23.	All records, both day centre and respite stay, are now electronically stored to support full team access.	Registered Manger Registered Nurses	With immediate effect and ongoing

	Standard 20. Records Management			
The registered provider must formalise the governance and management arrangements by introducing a rolling programme of auditing, reporting and evaluation of the service provided.	Independent Health Care (Wales) Regulations 2011 Regulation 19. Standard 1. Governance and Accountability Framework	We will create monthly audits for:	Registered Manger	10/11/2023
		Cleaning processes Handwashing processes ICP processes.	Business Manager	
		Six monthly audits will be created for: Checking, servicing and calibration of all equipment. Annual audits will be created for: Competencies		15/12/2023 01/02/2024
The registered provider must ensure that they fully discharge their responsibility under Regulation 28 of the Independent Health Care (Wales) Regulations 2011.	Independent Health Care (Wales) Regulations 2011 Regulation 28.	A Quality Visit / Contact record will be created to record each visit or contact made relating to Shalom House by the Responsible Individual or a Trustee. The Responsible Individual will complete a Quality Visit /	Registered Manager Responsible Individual	03/11/2023 31/01/2024 and then ongoing

		<p>Contact at a minimum of every six months, this may also be an unannounced visit to ensure full oversight of the daily running of Shalom House.</p> <p>The Responsible Individual will meet with those Individuals using Shalom Houses services and team members to gain insight into the service from all perspectives.</p> <p>The Responsible Individual will also inspect Shalom House building and record these checks on the Quality Visit / Contact form.</p> <p>The Responsible Individual will document these visits by completing the Quality Visit / Contact record. The findings of each Quality Visit / Contact will be shared with fellow Trustees and the Registered Manager.</p> <p>The Responsible Individual along with all Trustees are updated monthly of any concerns,</p>	<p>Responsible Individual</p> <p>Responsible Individual</p> <p>Responsible Individual</p> <p>Registered Manager and Business Manager</p>	<p>31/12/2023 and ongoing</p> <p>31/12/2023 and ongoing</p> <p>20/11/2023 and ongoing</p> <p>Already in place and ongoing</p>
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		<p>complaints and compliments regarding the services that have been received.</p> <p>The Responsible Individual along with fellow Trustees attend Shalom House each month, for a meeting to provide oversight and support for all at Shalom House.</p> <p>These meetings are recorded and contain ongoing discussions, oversight, and awareness of the overall management of Shalom House, team feedback, concerns, compliments, training along with the current service activities, future planning, and any safeguarding concerns (if applicable), financial oversight and all matters relating to Shalom House.</p>	<p>Responsible Individual Trustees</p> <p>Registered Manager</p> <p>Business Manager</p>	<p>Already in place and ongoing</p>
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Miss Donna Humphrey

Job role: Registered Manager

Date: 27/10/2023