

Independent Healthcare Inspection Report (Unannounced)

St David's Hospice, Newport

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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 St David's Hospice, Newport, on 11 and 12 March 2025.

Our team for the inspection comprised of two HIW healthcare inspectors, one clinical peer reviewer and one patient experience reviewer.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of 15 questionnaires were completed by patients or their carers. Feedback and some of the comments we received appear throughout the report.

We also invited staff to complete a questionnaire to tell us their views on working for the service. Four responses were received. We acknowledge that these responses may not be representative of the views of the wider staff group. However, some of the comments made may be of value to the hospice management team when reviewing and improving the quality of the service provided. Consequently, some staff responses will be referred to in 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.

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 well maintained, clean and tidy.

This is what we recommend the service can improve:

- Ensure that all care is provided and documented in line with assessments and care plans
- Ensure that all delayed Deprivation of Liberty Safeguards (DoLS) referrals are recorded on the risk register.

This is what the service did well:

- Clean and welcoming 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 St David's Hospice to be 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.

There were formal medication management processes in place. However, some elements of medication management require improvement.

Patients' care needs were being addressed by staff and staff monitored patients to promote their wellbeing and safety.

This is what we recommend the service can improve:

- Ensure that the correct review dates are recorded on policies and procedures
- Ensure that the waste storage area is locked when not in use and the locks on the bins repaired
- Some aspects of medication management
- Ensure that pain assessment charts are consistently implemented and that the effectiveness of pain relief is evaluated and recorded
- Ensure that contact details for the local safeguarding teams are included in the adult safeguarding procedure
- Ensure that staff implement and document National Early Warning Score assessments on all patients who are for transfer out of the hospice into another care setting.

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
- Good risk assessment processes.

Quality of Management and Leadership

Overall summary:

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

Staff spoken with during the inspection told us that they were generally happy in their work and that an open and supportive culture existed. However, some staff who completed the questionnaire felt that more could be done to support staff wellbeing and that improvements were needed in communication and engagement with staff when changes are implemented that affect their work.

This is what we recommend the service can improve:

- Consider what could be done to further support staff wellbeing

- Consider ways to improve staff engagement and communication around changes that affect their work.

This is what the service did well:

- Manager accessibility and oversight
- Recruitment process
- Staff support and supervision
- Comprehensive Policies and procedures.

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 St David's Hospice.

In total, we received 15 responses. Not all questions were completed by some respondents.

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

Patient comments included:

"Excellent care and a quality service. Staff are so kind, caring and empathetic..."

"The atmosphere, attention to detail and the genuine staff at St David's is 10 out of 10. I can't speak more highly of the staff."

"All I can say is that this is the most vulnerable position in my life. My situation got to the point where I could not stay in my own home. This hospice has been a blessing to support me through the most difficult time of my life."

"No issues with the staff or services provided by the hospice. Everyone is very welcoming and supportive of both patients and families."

Health promotion, protection and improvement

Health related information and pamphlets were available in various parts of the hospice, some 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.

Patient comments included:

“All of the staff have been so kind and helpful with me and all of my needs. I cannot explain how thankful I am to all of the staff at St David's.”

“My Mum felt very safe here and that was finally listened to and seen. Staff involved with my Mum's care were incredible, I can't speak more highly of them.”

“The staff are very friendly and make you feel welcome.”

“Staff are amazing with patients, family and pets. Nothing is too much for any of them. I have been made to feel very welcome here.”

Bedrooms were furnished and decorated to a very good standard. Patients and relatives had access to a communal lounge.

Patient comments included:

“The room is bright and airy with a lovely view.”

Patient information and consent

The Statement of Purpose and Patient Guide 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.

Care planning and provision

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

assessments and plans in place for two patients but no documented evidence of oral care being provided.

The registered person must ensure that all care is provided and documented in line with assessments and care plans.

All patients who completed the questionnaire and those spoken with told us that they 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 GPs, tissue viability specialist nurse, dietician, occupational therapists, and physiotherapists.

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

Staff provided care in a way to promote and protect patient 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. However, we were told that there were delays in the health board processing DoLS applications. Although this matter is beyond the direct control of the hospice, we recommended that they record such incidents on their risk log.

The registered person should ensure that all delayed DoLS referrals are recorded on the risk register.

We found that Do Not Attempt Resuscitation (DNAR) forms were being completed in consultation with the patient or their appointed family representative.

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.

Delivery of Safe and Effective Care

Environment

The hospice environment appeared well maintained and in a good state of repair.

We saw that all areas were clean and tidy and free of obvious hazards.

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 which were based on current clinical guidelines. However, some of the policies we viewed had the incorrect review dates noted on them.

The registered person must ensure that the correct review dates are recorded on policies and procedures.

General audits and risk assessments were undertaken to reduce the risk of harm to patients, staff, and visitors.

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

There were generally safe fire safety measures in place. However, we queried the means of escape from the corridor leading from the nurses station to the multi faith/quiet room, past the entrance to the kitchen as the signage is confusing.

The registered person must provide HIW with confirmation that the Fire and Rescue Service are satisfied with current fire escape arrangements from the corridor leading from the nurses station to the multi faith/quiet room.

Infection prevention and control (IPC) and decontamination

The communal areas and rooms we looked at were clean and tidy.

There was an infection control policy in place supported by comprehensive cleaning schedules.

We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospice.

We found that the waste bin storage area was not locked when not in use and the locks on the waste bins were broken. This could lead to unauthorised entry into the storage area and cross infection.

The registered person must ensure that the waste storage area is locked when not in use and the locks on the bins repaired.

Nutrition

Patients told us that the quality of meals provided was very good and that they had access to drinks throughout the day.

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 were comprehensive medication management policies and procedures in place. These were reviewed and updated on a regular basis.

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 one gap in the recording of liquid controlled medication check. We also found that syringe driver checks were undertaken every six hours rather than every four hours as recommended. In addition, we found the oxygen prescribing process to be inconsistent.

The registered person must ensure that all controlled medication is checked on a regular basis and an accurate record maintained.

The registered person must ensure that syringe drivers are checked every four hours as per nationally recognised guidance.

The registered person must ensure that oxygen prescribing process is consistent and in line with nationally recognised guidance.

Pain was generally well managed and reflected in care plans. However, we found that pain assessment charts were not used for two patients whose pain was being actively managed. In addition, the effectiveness of administered pain relief was not regularly evaluated or recorded.

The registered person must ensure that pain assessment charts are consistently implemented and that the effectiveness of pain relief is evaluated and recorded.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place. Contact details for the local authority and health board safeguarding teams were included in the children safeguarding procedure but not in the adult procedure.

The registered person must ensure that contact details for the local safeguarding teams are included in the adult safeguarding procedure.

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. These were checked on a regular basis. However, the defibrillator for community use, located within the hospice, was not checked regularly.

The registered person must ensure that the defibrillator for community use is checked regularly.

There were systems in place to check expiry dates on consumables and other items used during the provision of care. However, we found a small number of hypodermic needles that were out of date.

The registered person must ensure that regular and detailed checks are undertaken on all consumables used and that out of date items are disposed of.

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, National Early Warning Scores (NEWS) were not routinely assessed or recorded for patients that are for transfer out of the hospice into other care settings.

The registered person must ensure that staff implement and document NEWS assessments on all patients who are for transfer out of the hospice into another care setting.

Information management and communications technology

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.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely. Records were maintained electronically.

Quality of Management and Leadership

Governance and accountability framework

The registered manager is 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.

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. However, some staff who completed the questionnaire felt that more could be done to support staff wellbeing and that improvements were needed in communication and engagement with staff when changes are implemented that affect their work.

The registered person should consider what could be done to further support staff wellbeing and to improve staff engagement and communication around changes that affect their work.

Team meetings were 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.

The responsible individual visits the hospice regularly which enables them to monitor the service and makes them accessible to staff, patients and relatives. Other members of the Board of Trustees also visit the hospice on a regular basis.

Dealing with concerns and managing incidents

The hospice's Statement of Purpose and Patient Guide 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.

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.

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.

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: St David's Hospice, Newport

Date of inspection: 11 and 12 March 2025

The table below includes any immediate non-compliance 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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	No issues requiring immediate assurance were highlighted during this inspection.					

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):

Job role:

Date:

Appendix C - Improvement plan

Service: St David's Hospice, Newport

Date of inspection: 11 and 12 March 2025

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We found that there were oral care assessments and plans in place for two patients but no documented evidence of oral care provided.	The registered person must ensure that all care is provided and documented in line with assessments and care plans.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (1) (a) Standard 8. Care Planning and Provision	Care plan audit to include auditing of evidence of assessment and care provided and ensure documentation is completed correctly. Update sessions on POS with all Registered Nurses and Health Care Support Workers	Rachael Buttweiler (Registered Manager)	1 month

2.	Deprivation of Liberty Safeguards (DoLS) and Mental Capacity assessments were conducted as and when needed. However, we were told that there were delays in the health board processing DoLS applications. Although this matter is beyond the direct control of the hospice, we recommended that they record such incidents on their risk log.	The registered person should ensure that all delayed DoLS referrals are recorded on the risk register.	Independent Health Care (Wales) Regulations 2011 Regulation 16. Standard 11. Safeguarding Children and Safeguarding Vulnerable Adults	A - DOLS delays added to risk log. B - Meeting with local DOLS team took place on 30th April to highlight organisational risk. They categorise the priority of the referrals and the all referrals we have previously submitted have been deemed low risk	Emma Saysell (Responsible Individual/ CEO) & Rachael Buttweiler (Registered Manager)	A - Immediately B - Immediately
3.	Some policies we viewed had the incorrect review dates noted on them.	The registered person must ensure that the correct review dates are recorded on policies and procedures.	Independent Health Care (Wales) Regulations 2011 Regulation 9 Standard 1. Governance and Accountability	Every policy will be reviewed to ensure dates are correct	Rachael Buttweiler (Registered Manager) / Wayne Moores (Health and Safety Manager)	2 weeks

4.	We queried the means of escape from the corridor leading from the nurses station to the multi faith/quiet room, past the entrance to the kitchen as the signage is confusing.	The registered person must provide HIW with confirmation that the Fire and Rescue Service are satisfied with current fire escape arrangements from the corridor leading from the nurses station to the multi faith/quiet room.	Independent Health Care (Wales) Regulations 2011 Regulation 26 (4) (b) Standard 12. Environment	1) Response Head of Safety, Health, Environment & Fire for Capital People provided 2) South Wales Fire and Rescue have confirmed they will visit the Hospice to carry out an audit - Date to be confirmed 3) Building sign off certificate and fire emergency plan attached		
5.	The waste bin storage area was not locked when not in use and the locks on the waste bins were broken. This could lead to unauthorised entry into the storage area and cross infection.	The registered person must ensure that the waste storage area is locked when not in use and the locks on the bins repaired.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (8) Standard 13. Infection Prevention and Control (IPC) and Decontamination	New waste bins have been purchased and are in place. Monthly spot checks taking place.	Rachael Buttweiler (Registered Manager) / Wayne Moores (Health and Safety Manager)	Immediately
6.	We found one gap in the recording of liquid controlled medication check.	The registered person must ensure that all controlled medication is checked on a regular basis and an accurate record maintained.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a) and (b)	Registered Manager will check on a weekly basis that a stock check has taken place	Rachael Buttweiler (Registered Manager)	Immediately

7.	Syringe driver checks were undertaken every six hours rather than every four hours as recommended.	The registered person must ensure that syringe drivers are checked every four hours as per nationally recognised guidance.	Standard 15. Medicines Management	Hospice policy is to check syringe drivers every four hours. In exceptional circumstances, this policy may be breached due to individual patient circumstance. All staff to be reminded about the policy of 4-hourly checks	Rachael Buttweiler (Registered Manager) / Karen Pritchard (Ward Sister)	2 weeks
8.	The oxygen prescribing process was inconsistent.	The registered person must ensure that oxygen prescribing process is consistent and in line with nationally recognised guidance.		Registered Manager will meet with medical team to ensure all patients requiring oxygen therapy are prescribed it according to national recognised guidance	Rachael Buttweiler (Registered Manager)	2 weeks

9.	Pain assessment charts were not used for two patients whose pain was being actively managed and the effectiveness of administered pain relief was not regularly evaluated or recorded.	The registered person must ensure that pain assessment charts are consistently implemented and that the effectiveness of pain relief is evaluated and recorded.	Independent Health Care (Wales) Regulations 2011 Regulation 23 Standards 8 and 20. Care Planning and Provision / Records Management	Care plan audit to include auditing of evidence of assessment and care provided and ensure documentation is completed correctly. Update sessions on POS with all Registered Nurses and Health Care Support Workers	Rachael Buttweiler (Registered Manager)	1 month
10.	Contact details for the local authority and health board safeguarding teams were included in the children safeguarding procedure but not in the adult procedure.	The registered person must ensure that contact details for the local safeguarding teams are included in the adult safeguarding procedure.	Independent Health Care (Wales) Regulations 2011 Regulation 16. Standard 11. Safeguarding Children and Safeguarding Vulnerable Adults	Action completed	Rachael Buttweiler (Registered Manager)	Immediately
11.	The defibrillator for community use, located within the hospice, was not being checked regularly.	The registered person must ensure that the defibrillator for community use is checked regularly.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (2) Standard 16.	Registered Manager will check community defibrillator has been checked every week	Rachael Buttweiler (Registered Manager)	Immediate

			Medical Devices, Equipment and Diagnostic Systems			
12.	We found a small number of hypodermic needles that were out of date.	The registered person must ensure that regular and detailed checks are undertaken on all consumables used and that out of date items are disposed of.	Independent Health Care (Wales) Regulations 2011 Regulation 15 (1) (b) Standard 16. Medical Devices, Equipment and Diagnostic Systems	Registered Manager will ensure regular and detailed stock checks will be undertaken	Rachael Buttweiler (Registered Manager)	Immediate
13.	National Early Warning Scores (NEWS) were not routinely assessed or recorded for patients that are for transfer out of the hospice into other care settings.	The registered person must ensure that staff implement and document NEWS assessments on all patients who are for transfer out of the hospice into another care setting.	Independent Health Care (Wales) Regulations 2011 Regulation 15 Standard 7. Safe and Clinically Effective Care	Meeting held with Lead Medical Consultants. We will be implementing NEWS scoring for patients who are for transfer out of the hospice into other care settings	Rachael Buttweiler (Registered Manager)	6-8 weeks
14.	Some staff who completed the questionnaire felt that more could be done to support staff wellbeing and that	The registered person should consider what could be done to further support staff wellbeing and to improve staff engagement	Independent Health Care (Wales) Regulations 2011 Regulations 20 and 21	Registered Manager will undertake a staff survey to understand how staff we can deliver more support to the staff to enhance their well-being	Rachael Buttweiler (Registered Manager)	1 month

improvements were needed in communication and engagement with staff when changes are implemented that affect their work.	and communication around changes that affect their work.	Standard 24. Workforce Recruitment and Employment Practices			
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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):

Rachael Buttweiler



07/05/2025