

# Independent Healthcare Inspection Report (Announced)

## Skanda Vale 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:

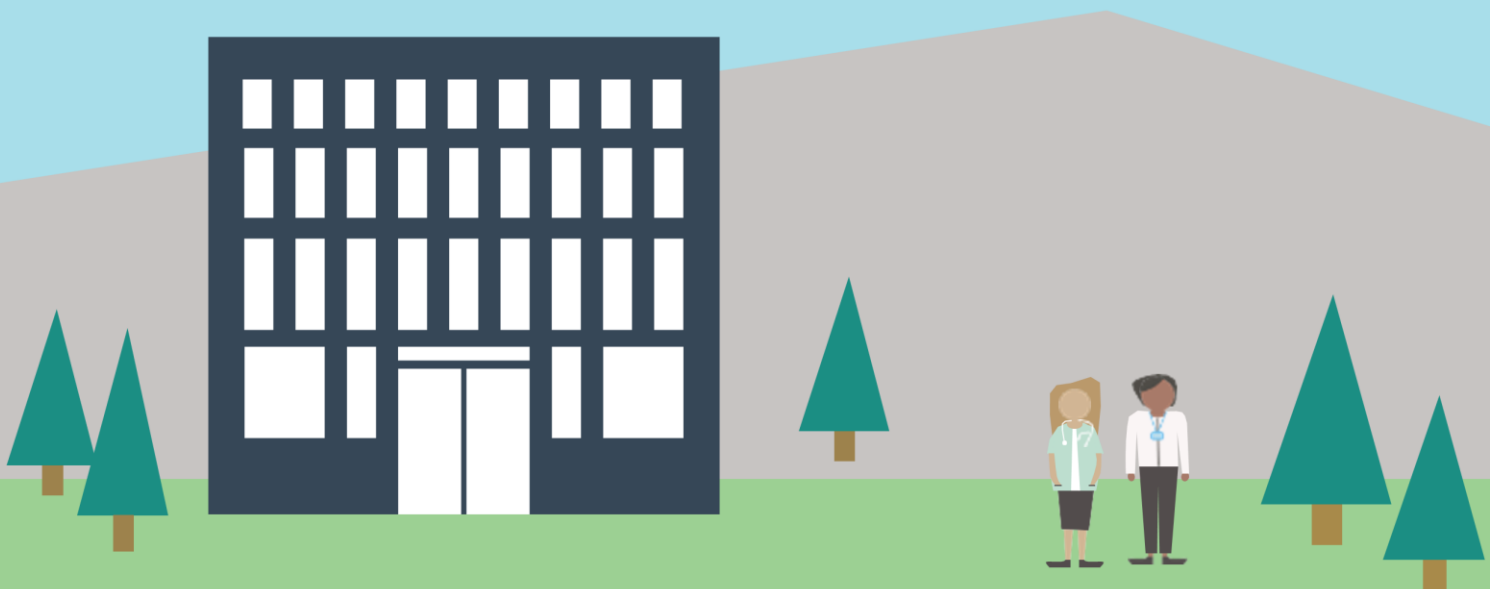
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 announced inspection at Skanda Vale Hospice on 21 and 22 January 2026. The hospice provides a nurse-led palliative care service supported by a medical team, providing personalised care and support tailored to the individual needs of each patient.

At the time of the inspection, the setting provides 24 hour respite care for up to six people, for five consecutive days and four nights, within a single week each month. End of life care is not provided at present. Additional services offered by the setting included a day hospice and remote companionship.

Our team for the inspection comprised of two HIW senior healthcare inspectors, two clinical peer reviewers and a 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. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 17 questionnaires were completed by patients or their carers and 55 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.

## 2. Summary of inspection

### Quality of Patient Experience

Overall summary:

A notable degree of kind, dignified and person-centred care and support was observed throughout the inspection. All staff and volunteers engaged with patients and day hospice users in an unhurried manner, placing emphasis on interacting according to each person's individual needs, preferences and routines. Survey feedback supported this and was overwhelmingly positive across all areas.

The hospice offered a range of carefully designed indoor and outdoor areas for patients to benefit from, contributing to a calm and peaceful atmosphere throughout the setting.

There was a range of therapeutic activities and areas for patients and day hospice users to access. These included a day room with armchairs, an outdoor quiet space with a log burner, access to massages and other holistic therapies, an arts and crafts area, and a multi-faith space. The grounds were also well maintained and could be overlooked from balcony areas leading directly from patient bedrooms.

All overnight respite patients had access to en-suite rooms, some of which included an outdoor balcony area. All rooms were decorated and furnished to a good standard, with access to a range of equipment to meet physical and mobility needs. Access to self-contained overnight accommodation for relatives was also available.

The ethos of the hospice placed clear emphasis on empowering patients to make decisions about their care and support, in line with their wishes, preferences and existing care and treatment plans.

This is what the service did well:

- Staff and volunteers provided a high degree of kind and individualised care
- There was a breadth of therapeutic and holistic activities
- The environment provided a safe and calming atmosphere.

### Delivery of Safe and Effective Care

Overall summary:

The hospice was notably clean and well-organised in all areas and the internal and external environment was maintained to a high standard. Staff worked diligently to ensure that all areas of the hospice were clean, accessible and well-presented.

There were suitable arrangements in place for assessing general environmental risks, and all areas of the hospice were secure. The hospice had a range of equipment available for emergency care and, since the last inspection, an automated defibrillator had been purchased for hospice and community use.

Patients were provided with a choice of meals, with dietary needs and preferences well catered for and with minimal advance notice. The meals were of high quality in terms of taste, presentation and portion size. Upon admission, respite patients' nutrition and hydration needs were assessed.

The treatment room was secure, visibly clean and well organised. We reviewed a sample of medication charts and found them to be fully completed and consistent with professional record-keeping standards.

Patient care plans, assessments and nursing entries were completed to an overall good professional standard. Recommendations have been made regarding follow-up actions relating to falls and pressure damage, and intentional rounding interval recording.

It was positive to see staff had undertaken sepsis training in order to increase confidence in identifying early sepsis signs. However, there was a lack of a recognised tool or pathway in place.

This is what we recommend the service can improve:

- Recording of follow-up actions regarding those at risk of falls and pressure damage
- Implementation of a nationally recognised Sepsis tool / pathway.

This is what the service did well:

- The setting was safely and effectively maintained
- Patients care needs well robustly pre-assessed
- Nutrition needs were well catered for.

## **Quality of Management and Leadership**

Overall summary:

All 55 staff respondents to our survey agreed that they are satisfied with the quality of care they provide, and that patients privacy and dignity is always maintained. All further agreed that patient care is the hospices top priority and that they would be happy with the standard of care provided if it were their own family or friends receiving care.

All respondents agreed that the hospice is supportive, that senior managers are visible, and that their immediate manager can be counted upon. All respondents recommended Skanda Vale Hospice as a good place to work or volunteer at.

There were clear lines of reporting and accountability. This was demonstrated through operational management groups, trustee led committee meetings, and an onward reporting chain through to the Board of Trustees. Minutes of these meetings were available and comprehensive.

Senior managers and trustees were seen to take an active role in the day-to-day running and oversight of the hospice.

The workforce included paid staff and a large volunteer base, many of whom had been part of the setting for several years. The workforce demonstrated a high degree of commitment and flexibility to ensure the effective running of the hospice. A senior manager on-call system was also in place.

There were suitable recruitment processes in place for both staff and volunteers. Recommendations have been made regarding annual self-certification of Disclosure and Barring Service (DBS) status and workforce immunisations.

This is what we recommend the service can improve:

- Audit processes should continue to be developed
- A process should be in place for staff and volunteers to self-declare changes to their DBS or professional registration status
- A policy and process should be implemented for staff immunisations, including Hepatitis B.

This is what the service did well:

- Staff and volunteer feedback was notably positive in all areas
- Governance reporting and lines of accountability had strengthened
- Senior managers and trustees were seen to take an active role.

## 3. What we found

### Quality of Patient Experience

#### Patient feedback

We invited patients, relatives and carers to provide feedback through our survey and through attendance at the service user group. A total of 17 responses were received.

Survey feedback was overwhelmingly positive across all areas, which included listening, kindness and sensitivity, privacy and dignity, and providing assistance with care, support and personal needs. This was supported by conversations that were held with patients and hospice users during the inspection.

Patient comments included:

*"It's very hard to improve on perfection"*

*"The hospice is always pristine and everybody is friendly, helpful and very respectful.... As my mother put it, it's like being surrounded by a big warm hug"*

*"Skanda Vale has been a life line for me and offered me a safe place to come, where my medical / physical and emotional support needs are understood"*

#### Health promotion, protection and improvement

There was a range of therapeutic activities and areas within the hospice for patients and day hospice users to access. These included a day room with armchairs, an outdoor quiet space with a log burner, access to massages and other holistic therapies, an arts and crafts area, and a multi-faith space. The grounds were also well maintained and could be overlooked from balcony areas leading directly from patient bedrooms.

We confirmed that patients were actively offered the use of all these facilities upon admission or during their attendance at the day hospice. Staff engaged with patients to understand what mattered to them, including their individual preferences, and worked hard to facilitate any wishes. Overall, the setting demonstrated a highly individualised approach.

## **Dignity and respect**

A notable degree of kind, dignified and person-centred care and support was observed throughout the inspection. All staff and volunteers engaged with patients and day hospice users in an unhurried manner, placing emphasis on interacting according to each person's individual needs, preferences and routines.

The hospice offered a range of carefully designed indoor and outdoor areas for patients to benefit from, contributing to a calm and peaceful atmosphere throughout the setting.

All overnight respite patients had access to en-suite rooms, some of which included an outdoor balcony area. All rooms were decorated and furnished to a good standard, with access to a range of equipment to meet physical and mobility needs.

There was also access to well-appointed, self-contained overnight accommodation for relatives, located away from the main hospice building, ensuring that patients could remain close to their loved ones during their stay.

## **Patient information and consent**

There was good information available for patients, families and carers to help them understand the hospice, its services and its facilities. As part of the pre-admission process, staff held detailed conversations with patients and their relatives to understand how their needs could best be supported, including offering them the opportunity to visit the hospice beforehand.

The ethos of the hospice placed clear emphasis on empowering patients to make decisions about their care and support, in line with their wishes, preferences and existing care and treatment plans. Examples included enabling patients to choose their daily routines and preferred therapeutic activities, supporting self-administration of medication where appropriate, and facilitating the option for family members or carers to stay on site.

## **Communicating effectively**

Signage throughout the setting was well placed, helping patients and visitors to orientate themselves easily. There were also numerous staff and volunteers nearby to support and guide patients as needed.

There was good information available about the hospice and its services for patients and relatives upon entering the setting. Staff told us they would take as much time as required to answer any queries from patients or their families prior to admission.

Approximately 20% of staff survey respondents told us they are able to communicate through the medium of Welsh. This is a welcome asset, given the demographics of the hospice's user base and the local community, many of whom may value the ability to converse in Welsh.

### **Care planning and provision**

Patients admitted to the service were assessed against a clear set of criteria to ensure that their needs could be met, as well as to ensure compliance with the hospice's HIW conditions of registration.

There were robust processes in place at the assessment stage to identify patients' clinical needs, along with their physical, mobility and wider wellbeing requirements. Potential patients and their families were also welcome to visit the hospice in advance to consider how it could meet their respite needs.

There was a notable range of equipment available to meet patients' physical health needs. This included pressure-relieving mattresses, ceiling and standing hoists to support mobility, and equipment to meet personal care needs, such as toileting, showering and bathing.

### **Equality, diversity and human rights**

The hospice provides a universal service regardless of a patient's faith or belief, and without cost. This helps to ensure the setting remains widely accessible.

For those with physical, spiritual, religious or other holistic needs, the service identified these at the pre-admission stage, and active efforts were made to meet these needs. This was supported by a breadth of physical equipment to aid mobility and independence, access to a multi-faith space, and other quiet and relaxation areas.

### **Citizen engagement and feedback**

Patients, families and carers were able to provide feedback to the setting through a range of methods. This included electronically, by paper, or in person. All patients, families and carers of those attending the inpatient respite service were routinely invited to provide feedback.

Feedback from patients and families were overwhelmingly positive, with a complements and gratitude messages forming a large part of the feedback received by the setting.

The service was able to demonstrate how they had responded to feedback, including recent changes to the catering provision.

A formal complaints process was available, but the number of formal concerns received by the setting were notably low. The setting placed emphasis on resolving concerns in person and through maintaining open door culture to members of the senior management team.

# Delivery of Safe and Effective Care

## **Managing risk and health and safety**

The internal and external environment was maintained to a high standard to ensure safety and enhance the patient experience. Staff worked diligently to ensure that all areas of the hospice were accessible, well-presented and calming.

There were suitable arrangements in place for assessing general environmental risks, with timely remedial actions completed. This included fire safety and legionella audits, both of which showed evidence of follow-up actions being addressed. However, the setting is advised to ensure that the action plans accompanying any external audits are fully completed to demonstrate compliance and progress against recommended actions.

All areas of the hospice were secure, including the front entrance, which was controlled by a buzzer system. Access to key clinical areas was controlled via a restricted fob access system.

The hospice had a range of equipment available for emergency care, including oxygen and associated equipment. Since the last inspection, the setting had also purchased an automated defibrillator, which was available for use in an emergency. This device was complete, charged and ready for use.

## **Infection prevention and control (IPC) and decontamination**

The hospice was notably clean and well-organised in all areas. Cleaning staff were observed to be working diligently throughout the inspection and demonstrated a good knowledge of how their role contributes towards good IPC practices.

All staff had received IPC training according to their roles and responsibilities, and it was positive to note an IPC champion in post to encourage good practice throughout the hospice.

The hospice had access to a range of personal protective equipment (PPE), laundered uniforms, and all re-usable equipment was found to be sterilised and ready for use.

Safer sharps devices were in use and sharps bins were appropriately stored and used.

## **Nutrition**

Patients were provided with a choice of meals, with dietary needs and preferences well catered for. The inspection team ate lunch with hospice users and all

commented that the meals were of high quality in terms of taste, presentation and portion size.

Upon admission, patients' nutrition and hydration needs were assessed. Staff were aware of when patients might require additional time or support to eat, with additional care plans implemented where necessary.

Patients and families also had access to their own kitchen area to prepare drinks and light snacks.

### **Medicines management**

The treatment room was secure, visibly clean and well organised. Ambient and clinical fridge temperature checks were completed and routinely recorded.

Although we were unable to observe a medication round, we reviewed a sample of medication charts and found them to be fully completed and consistent with professional record-keeping standards. While the setting did not use the All-Wales Medication Chart, its own documentation was appropriate to meet patient needs.

The setting did not hold its own stock of medications or controlled drugs, but it did store medications brought in by patients. There were clear systems in place for checking, storing and administering these medicines. Defined pathways were also in place for obtaining any additional medication that a patient might require during their admission.

Oxygen was not routinely stored on site but would be ordered on a case-by-case basis where clinically required. Nursing staff had received oxygen cylinder training in line with a recent national patient safety notice.

There was a good process in place for managing self-administration of medication. This included secure in-room storage and a system for assessing patient capacity and their ability to safely self-administer. The setting is advised, however, to consider including covert medication within its medicines management policy as it continues to develop its hospice provision and expand its referral criteria.

Although some medication errors had been recorded on incident logs, no error of notable concern were identified. This indicated a positive reporting culture, with a generally low threshold for reporting and learning from incidents.

### **Safeguarding children and safeguarding vulnerable adults**

The hospice was secure both during and outside of operating hours. Patients' needs were assessed prior to arrival to ensure that an appropriate level of nursing and healthcare support worker cover was allocated, for example where a patient had cognitive difficulties.

The lead nurse demonstrated a good understanding of safeguarding principles and the Deprivation of Liberty Safeguards (DoLS), and we discussed a recent application during the inspection.

Staff and volunteers had received safeguarding training appropriate to their roles and responsibilities, with good levels of compliance. Staff were also supported by identified clinical and managerial safeguarding leads.

### **Medical devices, equipment and diagnostic systems**

All re-useable equipment was clean and ready for use. There was evidence of routine servicing to ensure that equipment remains fit for purpose.

### **Safe and clinically effective care**

Patient care plans, assessments and nursing entries were completed to an overall good professional standard.

Pre-admission documentation was comprehensive and notable efforts were undertaken to understand the person and their needs. Nursing entries into patient notes contained a detailed narrative. Care plans were proportionate to the length of stay and were in place in all but one record of patients who were identified at risk of either a fall or pressure damage. Discharge summaries were found to contain a good level of detail to inform carers and other health professionals.

### **The setting should ensure that follow-up actions for those at risk of falls and / or pressure damage are consistently recorded.**

It was positive to see staff had undertaken sepsis training in order to increase confidence in identifying early sepsis signs. However, there was a lack of a recognised tool or pathway in place. This was an area that the setting had already identified as an area to strengthen.

### **The setting should ensure that a nationally recognised Sepsis tool / pathway is in place to follow in the event that a patient deteriorates, but with a new and potentially reversible condition.**

Intentional rounding is in place to provide nursing staff with a structured, consistent approach towards meeting patients fundamental needs, such as positioning, personal needs, and pain management. We saw that patients' needs were well met with frequent entries into patient notes. However, we recommend that the intentional rounding interval is correctly circled on the patient documentation to ensure on-going consistency.

**The setting should ensure that rounding frequency is correctly indicated on each patients record.**

Where relevant, patients had existing ceiling of care and do not attempt cardiopulmonary resuscitation (DNAPR) forms on file upon admission. Care planning in this regard was proportionate given the current respite provision.

#### **Participating in quality improvement activities**

The setting had a process in place to capture and disseminate national patient safety notices and updated clinical guidelines.

A new audit plan and process had recently been implemented. This included a good breadth of clinically appropriate routine and ad-hoc audits, with reporting and oversight provided through governance committees. As audit processes mature, the setting should ensure that they fully close the loop on audit outcomes, including clearly identifying actions, assigning ownership and undertaking re-audits to demonstrate learning and improvement.

**The setting should ensure that its audit processes continue to be developed according to the above findings.**

#### **Records management**

Records were held securely on a nationally recognised patient records system. However, some paper documentation remained in use due to aspects of the digital system not fully meeting the needs of the service. We recommend that a single system is used as far as is practically possible, in order to minimise duplication and reduce the potential for avoidable errors.

**The setting should ensure that a singular patient records system is used, as far as practically possible.**

# Quality of Management and Leadership

## Staff Feedback

We invited staff and volunteers to provide feedback through our survey and through attendance at their service user group. We received 55 responses and all feedback was overwhelmingly positive.

All respondents agreed that they are satisfied with the quality of care they provide, and that patients privacy and dignity is always maintained. All further agreed that patient care is the hospices top priority and that they would be happy with the standard of care provided if it were their own family or friends receiving care.

All respondents agreed that the hospice is supportive, that senior managers are visible, and that their immediate manager can be counted upon. All respondents recommended Skanda Vale Hospice as a good place to work or volunteer at.

Staff comments included:

*" Skanda Vale is the happiest work place I have ever experienced (I am 86)"*

*" Skanda Vale Hospice not only cares for its patients and their loved ones, but also for the community of people that make up its workforce. It is a wonderful place to be..."*

*"The hospice is totally focused on individualised patient care, everything is done with the patient's wishes central to their whole philosophy."*

## Governance and accountability framework

There were clear lines of reporting and accountability. This was demonstrated through operational management groups, trustee led committee meetings, and an onward reporting chain through to the Board of Trustees. Minutes of these meetings were available and comprehensive.

Senior managers and trustees were seen to take an active role in the day-to-day running and oversight of the hospice. Trustees that we spoke with spoke passionately and with a clear knowledge and vision for the setting.

### **Dealing with concerns and managing incidents**

It was positive to note the recent develop of an incident reporting system. There appeared to be a generally low threshold for reporting incidents, which contributed towards a culture of learning and in a timely improvement.

An annual audit plan had been developed through routine and responsive audits, based upon learning. As these processes mature and to ensure any learning has been embedded, the setting should ensure that they act to re-audit any areas of concern, ensuring that there are clearly identified actions and owners.

### **Workforce recruitment and employment practices**

There were suitable recruitment processes in place for both staff and volunteers. This included interview procedures, referencing, and registration checks for clinical staff, all of which were evident in the sample of staff files reviewed.

There was evidence of Disclosure and Barring Service (DBS) checks being undertaken at the appropriate level. However, we recommend that the setting asks staff and volunteers to self-declare any changes that may affect their DBS status, or their professional registration status, on an annual basis. This could form part of the annual appraisal process.

**The setting should ensure that there is a process in place for staff and volunteers to self-declare any changes to their DBS or professional registration status on an annual basis.**

For staff who may be exposed to blood or bodily fluids, the setting needs to record up-to-date Hepatitis B status. This was already being explored at the time of the inspection. The setting should consider the UK Health Security Agency (UKHSA) Green Book (Chapter 18) guidance and develop an appropriate policy and process. This should include a position for situations where vaccination is contraindicated, for staff who decline vaccination, and for those who do not respond to the vaccine.

**The setting should implement a policy and process for staff immunisations, including Hepatitis B.**

### **Workforce planning, training and organisational development**

At the time of the inspection, the setting provides 24 hour respite care for up to six people, up to five consecutive days and four nights at a time, and within a single week each month. Additional services offered by the setting included a day hospice and remote companionship.

There was a desire expressed by the setting to expand this provision, as resource allows to protect patient safety and the overall experience. The inspection team

considered the service to be underutilised in its current form, despite the quality therapeutic and holistic provision it is delivering to patients and families.

The workforce included paid staff and a large volunteer base, many of whom had been part of the setting for several years. The workforce demonstrated a high degree of commitment and flexibility to ensure the effective running of the hospice. A senior manager on-call system was also in place.

Medical cover was provided by two General Medical Council (GMC)-registered clinicians during respite periods, and on an as-required basis at other times. Their roles contributed to clinical governance, leadership, direct support for nursing staff, and taking time to speak meaningfully with patients and their families.

There were systems in place to ensure that new staff and volunteers received an induction. This included completion of mandatory online training modules. However, due to the large number of volunteers and challenges around access to online learning, the setting had recently opted to deliver in-person training days covering essential topics. Compliance with these training sessions was well monitored.

All but one survey respondent felt they had received appropriate training to undertake their role, with several staff commenting positively on the quality of training provided by the setting.

The majority of respondents confirmed that they had received an appraisal within the last 12 months.

## 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
A small number (three) of expired items were found in the treatment room, amongst in date items.	This can affect the efficacy and / or sterilisation of these items.	Items were removed and identified to senior staff.	Items were removed and we were assured that checks of these items would be included in routine stock checks moving forwards.

# Appendix B - Immediate improvement plan

**Service:**

**Date of inspection:**

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.	Not applicable					
2.						
3.						
4.						

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:**

## Appendix C - Improvement plan

**Service:** Skanda Vale Hospice

**Date of inspection:** 21-22 January 2026

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. Risk to safe and effective care	<b>The setting should ensure that follow-up actions for those at risk of falls and / or pressure damage are consistently recorded.</b>	Independent Healthcare (Wales) Regulations 2011  Regulation 15	The nursing team has been reminded of the importance of accurate risk assessments and appropriate action. This will be audited to ensure compliance	Head of Care Delivery Team  Athena Stevens	03/26 for team reminder  Audit by end of May 2026
2. Risk to safe and effective care	<b>The setting should ensure that a nationally recognised Sepsis tool / pathway is in place to follow in the event that a patient deteriorates, but</b>	Regulation 15	NEWS2 tool has been implemented as of March respite.  Sepsis Policy and Procedure is in development and will be rolled out with a	Head of Care Delivery Team  Athena Stevens	Tool 03/26  Policy & Procedure by early 04/26

		with a new and potentially reversible condition.		training session for the Care Delivery Team		Team refresher training by 05/26
3.	Risk to safe and effective care	<b>The setting should ensure that rounding frequency is correctly indicated on each patient's record.</b>	Regulation 15	To remind the shift leads to ensure that frequencies are added to the care rounding sheets for each patient.	Head of Care Delivery Team Athena Stevens	Reminder in Care Delivery Team meeting 05/03/26  For audit by end of May 2026
4.	Risk to learning and quality improvement	<b>The setting should ensure that its audit processes continue to be developed according to the findings.</b>	Regulation 19	The in-house and independent audit framework which is being developed will be implemented by mid April	Quality Assurance Lead Ahalia Seelan	End of April

5.	Risk to safe and effective care	The setting should ensure that a singular patient records system is used, as far as practically possible.	Regulation 23	<p>To remind the team that we input onto CHAI (electronic patient record keeping system) and do minimal manual records. Implement the process of scanning and uploading documents - amended process to state that anything that can be scanned and uploaded and monitored with audit.</p> <p>To begin an evaluation of alternative patient record systems which are more comprehensive in meeting the needs of the hospice in an electronic format.</p>	Head of Operations Aquila Muir	End of April
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6.	Risk to workforce	The setting should ensure that there is a process in place for staff and volunteers to self-declare any changes to their DBS or professional registration status on an annual basis.	Regulation 21	An annual self-certification form has been created and published on our Document Management System. It will be administered yearly by the admins.	Head of People Brother Jakob Willi	End of June
7.	Risk to workforce	The setting should implement a policy and process for staff immunisations, including Hepatitis B.	Regulation 21	Implementation of policy and process for staff immunisations	Head of People Brother Jakob Willi	End of April

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):** Brother Jakob Willi  
**Job role:** Hospice Manager / Registered Manager  
**Date:** 27/3/2026