Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Independent Healthcare Inspection Report (Announced)

St David's Hospice, Llandudno

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

Our Purpose

We check the safety and quality of healthcare across Wales.

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 Vision

A future where healthcare in Wales is safe, effective, and high-quality for everyone.

Our Priorities

Putting People First - We will focus on the biggest risks facing people and communities as they access healthcare services now and in the future.

Learning and Working Together - We will collaborate with partners to share learning and drive lasting improvements.

Investing in Our People - We will ensure our people feel supported, valued, and empowered.

Taking Action That Matters - We will take action to improve the quality and safety of healthcare for the future of Wales.



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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 St David's Hospice, Llandudno on 18 and 19 August 2026.

Our team for the inspection comprised of two HIW 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 10 questionnaires were completed by patients or their carers and 14 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:

We found patients generally reported a positive experience of care at the hospice. All questionnaire respondents rated the overall service received as very good. Patients and carers reported that staff treated them with dignity and respect, responded when care was needed, listened to them and answered their questions. We observed interactions between staff, patients and visitors that supported patients' dignity and privacy. Patients appeared comfortable and appropriately cared for.

Patients and carers told us they were involved in decisions about their care and treatment and received information in a way that supported informed decision-making. Patients reported that staff explained care, treatment and medication changes clearly and provided information at appropriate times. Welsh-speaking respondents reported they had been actively offered the opportunity to communicate in Welsh.

We found evidence of person-centred care planning and comprehensive assessment processes that supported the delivery of care tailored to individual needs. Patients also had access to a range of therapies, activities and support services that promoted wellbeing.

We identified areas where further improvement was required. Pain assessments were not always documented consistently and recognised pain assessment tools were not routinely used. Opportunities were also identified to strengthen communication support, improve signposting and the identification of Welsh-speaking staff, increase the availability of health promotion information and provide clearer evidence of how patient feedback had informed service improvements.

This is what we recommend the service can improve:

- Consistent pain assessment and documentation
- Communication support, signposting and Welsh language visibility
- Access to health promotion, complaints, advocacy and feedback information.

This is what the service did well:

- patients reported positive experiences of care and involvement in decisions
- Dignity, privacy and person-centred care were promoted
- Access to therapies, activities and wellbeing support.

Delivery of Safe and Effective Care

Overall summary:

We found arrangements were in place to support the delivery of safe and effective care. Patients received care in a clean, well-maintained and suitably equipped environment. Refurbishment works were ongoing at the time of the inspection; however, associated risks had been assessed and we found no evidence that the works had affected patient safety or care delivery.

Risk management arrangements were established, and the risk register reflected key service risks. Infection prevention and control arrangements were generally appropriate, although cleaning schedules and associated records were not always completed consistently. Patients were provided with food and drink that reflected their needs and preferences.

Medicines were prescribed, stored, administered and disposed of appropriately. Medication records and controlled drug arrangements were maintained to a good standard. However, medicines refrigerator temperatures were not consistently recorded, and contingency arrangements were required should the refrigerator become unavailable.

Safeguarding processes were understood by staff, although the safeguarding procedure remained in draft form. Clinical equipment was available, maintained and subject to required safety checks. Patient records demonstrated comprehensive assessment and care planning, supported by multidisciplinary working. The hospice also participated in clinical trials and improvement initiatives. Further development of digital patient records was identified as a longer-term opportunity.

This is what we recommend the service can improve:

- Completion and oversight of cleaning records
- Medicines refrigerator monitoring and contingency arrangements
- Approval and implementation of the safeguarding procedure.

This is what the service did well:

- Refurbished patient environment and facilities
- Management of medicines and clinical records
- Multidisciplinary working and clinical improvement activities.

Quality of Management and Leadership

Overall summary:

We found governance arrangements supported oversight of service quality, patient safety, performance and organisational risk. The Board and management team demonstrated awareness of the main risks and priorities affecting the hospice. The risk register was regularly reviewed and included risks relating to medical staffing and recruitment. Strategic plans set out objectives for service development and organisational sustainability.

Processes were in place to report, review and investigate concerns, complaints and incidents. A new incident reporting system had been introduced, with arrangements to monitor themes and share learning. Most staff who completed a questionnaire reported they felt able to raise concerns and were confident these would be addressed.

Recruitment processes included relevant pre-employment checks and structured monitoring. Workforce changes following the closure of the inpatient unit at Holyhead had been managed alongside the integration of staff at Llandudno. Training and appraisal compliance was monitored, and staff had protected time for development.

However, not all relevant staff had completed oxygen cylinder training. The frequency of sepsis refresher training also required review. Further work was needed to benchmark staffing levels, review workforce capacity and develop electronic rota arrangements. Some staff raised concerns about staffing levels, workload, pay and recent organisational changes.

This is what we recommend the service can improve:

- Oxygen cylinder and sepsis training arrangements
- Staffing benchmarks, establishments and workforce capacity
- Electronic rota systems and staffing oversight.

This is what the service did well:

- Governance, risk management and Board oversight
- Recruitment, training and appraisal arrangements
- Incident reporting and organisational learning.

3. What we found

Quality of Patient Experience

Patient feedback

We received 10 questionnaire responses from patients, relatives and carers. All respondents rated the overall service received as very good. Questionnaire responses indicated positive experiences of care, with all respondents reporting that staff treated them with dignity and respect, were kind and sensitive when providing care, responded when care was needed and listened to them and answered questions.

Patient comments included:

> *"All staff I come across treat me with respect and make me feel special and welcome."*
>
> *"The staff are all caring and helpful. I feel confident to leave a member of the family in their care."*
>
> *"I could not be treated better than here. The place is bright and welcoming. The staff were all excellent."*

Health promotion, protection and improvement

We found the hospice provided a range of services aimed at promoting patients' health and wellbeing. Patients had access to specialist therapies and activities designed to support their physical, emotional and psychological wellbeing. The hospice offered therapeutic services including physiotherapy, counselling and complementary therapies as part of its holistic approach to palliative and end of life care. Patients also had access to communal areas that provided opportunities for social interaction and engagement.

We identified limited health promotion information displayed within patient and visitor areas. During the inspection, we found there was an absence of readily visible health promotion materials within communal areas, reception areas and the café.

This may reduce opportunities for patients, families and visitors to access information and support relating to health, wellbeing and other relevant services at a time when they may wish to seek additional advice or information.

The registered manager should ensure a range of relevant health promotion and wellbeing information is readily available and accessible to patients, families and visitors throughout the hospice.

Dignity and respect

We found patients were treated with dignity, kindness and compassion by staff. During the inspection, we observed positive and respectful interactions between staff, patients and visitors. Staff took time to support patients and demonstrated a caring approach that recognised patients as individuals.

Feedback from patients and carers about their care was consistently positive. Patients described staff as kind, compassionate and attentive and told us they felt welcomed and valued.

We found appropriate arrangements were in place to protect patients' privacy and dignity. Staff were observed knocking on doors before entering patients' rooms and privacy screens were available and used appropriately when required. Patient rooms supported the delivery of care in a private and dignified manner.

Patients appeared well cared for and presented according to their wishes and preferences. During the inspection, patients were observed to be clean, appropriately dressed and comfortable.

The findings from patient questionnaires reflected what we observed during the inspection. All respondents reported that staff treated them with dignity and respect and were kind and sensitive when carrying out care. All respondents also reported that staff listened to them and answered their questions.

Patient information and consent

We found patients and carers were provided with information about care and treatment in a way that supported their involvement in decision-making. Patients told us staff took time to explain their care and treatment and ensured they understood any changes to medication or treatment plans. Patients and carers consistently reported that information was provided clearly and at appropriate times.

Patient questionnaire responses indicated patients felt involved in decisions about their care and treatment. All respondents stated they were involved as much as they wished to be in decisions about their healthcare and almost all respondents reported they were provided with sufficient information to help them understand their healthcare.

We found information relating to patients' care was generally provided on an individual basis, enabling discussions to be tailored to patients' circumstances and needs. Patients and carers confirmed they received explanations regarding medications and the reasons for any changes to treatment, helping them to make informed decisions about their care.

Communicating effectively

We found patients and carers received clear information about their care and treatment. Patients told us staff took time to explain care, treatment and medication changes in a way they could understand. Feedback from patients and carers indicated they felt able to ask questions and discuss concerns with staff when required.

Patients and carers spoke positively about communication within the hospice. They told us staff listened to them and discussed sensitive aspects of care in a compassionate and supportive manner. Patients receiving palliative and end of life care described how information was explained clearly and sensitively, helping them to understand their circumstances and care needs. All respondents to the HIW survey stated they were communicated with in an appropriate way and reported that staff listened to them and answered their questions. Welsh-speaking respondents reported they had been actively offered the opportunity to communicate in Welsh and that healthcare information was available in Welsh.

> *"There was always a member of staff able to speak Welsh."*

Information relating to patients' care was generally provided on an individual basis and patients and carers confirmed they received detailed explanations regarding care and treatment.

We identified some opportunities to strengthen communication arrangements within the hospice. Whilst large clocks were available to support orientation, we found limited evidence of additional communication aids to support patients with sensory impairments. We also noted that signposting within the hospice could be improved to support patients and visitors to navigate the environment more easily. In addition, there was limited visibility of arrangements to identify Welsh-speaking staff for patients and visitors who wished to communicate through the medium of Welsh, although Welsh was heard throughout the inspection.

The registered manager should ensure appropriate communication aids are available to support patients with sensory impairments and differing communication needs.

The registered manager should review signage throughout the hospice to support patients and visitors to navigate the environment effectively and independently.

The registered manager should ensure arrangements are in place to better enable patients and visitors to identify Welsh-speaking staff where required.

Care planning and provision

We found patients received person-centred care that reflected their assessed needs

and individual preferences. Records reviewed during the inspection demonstrated comprehensive admission assessments and detailed care planning arrangements. Care plans were largely tailored to the needs of individual patients and supported the delivery of holistic palliative and end of life care.

We reviewed patient records and found risk assessments and care planning documentation were completed to a good standard. Initial assessments were comprehensive and reflected patients' physical, emotional and wellbeing needs. Documentation relating to falls management was particularly detailed and demonstrated an individualised approach to assessing and managing risk.

We found the hospice promoted patient wellbeing and independence. Patients had access to a communal area where they could participate in a range of activities, including games, books and puzzles, according to their wishes and abilities.

Patient feedback and our review of care records provided assurance that care was planned and delivered around individual needs. Care planning arrangements supported the provision of personalised care that recognised patients as individuals and considered their preferences and circumstances.

We identified an opportunity to strengthen the consistency of care planning documentation. During our review of patient records, we found pain assessments were not always recorded consistently and pain scoring tools were not routinely used to support ongoing evaluation of patients' pain management needs.

The registered manager should ensure pain assessments are consistently documented within patient records and that recognised pain assessment tools are used routinely to support the planning, delivery and evaluation of care.

Equality, diversity and human rights

We found the hospice sought to provide care that recognised patients as individuals and reflected their assessed needs and personal circumstances. Feedback received during the inspection indicated patients felt their individual needs and preferences were considered when care was planned and delivered.

We found the hospice environment supported equitable access to services. During the inspection, we observed that the premises were accessible, including the provision of ramped access to support patients and visitors with mobility needs.

Citizen engagement and feedback

We found the hospice encouraged patients, carers and visitors to provide feedback on the care and support they received. A patient and carer feedback box was available within a communal area and patients and relatives told us they felt comfortable sharing

their views and experiences of the service.

Feedback from patients and families received during the inspection was positive. Patients and carers consistently described staff as caring, compassionate and attentive and spoke highly of the care provided. We also observed numerous thank you cards and messages from patients and families displayed throughout the hospice, reflecting the positive experiences of people using the service.

Whilst there was clear evidence that feedback was received, we found limited evidence demonstrating how patient and carer feedback had informed improvements to the service. We did not identify any 'You said, we did' information displayed within the hospice or available on the hospice website. In addition, limited information was available regarding the complaints process and the availability of advocacy services. This may reduce awareness of how feedback, concerns and complaints can contribute to service improvement and how people can access support when raising concerns.

The registered manager should ensure information is readily available to demonstrate how patient, carer and visitor feedback has informed service improvements and ensure clear information is available regarding complaints procedures and advocacy services.

Delivery of Safe and Effective Care

Environment

We found the hospice provided a safe, comfortable and well-maintained environment that was appropriate for the needs of patients receiving palliative and end of life care. Observations made during the inspection, together with feedback from peer reviewers, demonstrated that the premises were fit for purpose and supported the delivery of high-quality care. St Davids HIW Inspection Feedback Form identified the environment as a particular strength of the service.

The hospice had recently undergone significant refurbishment and we found patient, visitor and communal areas were of a high standard. The environment was welcoming, spacious and designed to promote patients' comfort and wellbeing. Dedicated areas were available for patients, families and visitors, helping to create a calm and supportive atmosphere. Patients and relatives spoke positively about the environment and the facilities available to them.

At the time of the inspection, some renovation works had not yet been fully completed. However, we found patients continued to be cared for safely throughout the refurbishment programme. Environmental risks associated with the ongoing works had been considered and appropriate risk assessments were in place to minimise risks to patients, visitors and staff. We saw no evidence that the ongoing works had adversely affected patient care or safety.

We found appropriate facilities and equipment were available to support safe patient care. Equipment was accessible and observations during the inspection provided assurance that the environment supported patients' safety and independence. The layout of clinical areas also enabled staff to maintain appropriate oversight of patients whilst protecting privacy and dignity.

The premises were accessible for patients and visitors with mobility needs, including the provision of ramped access. We found suitable communal and therapeutic spaces were available to support the range of services provided by the hospice.

We found the extensive refurbishment of the hospice had created an environment that was both welcoming and therapeutic. Patients, visitors and inspectors consistently commented positively on the quality of the facilities and the contribution the environment made to patients' overall experience.

Managing risk and health and safety

We found effective arrangements were in place to support the management of risks relating to patient care, the environment and service delivery. During the inspection,

staff demonstrated an awareness of risk management processes and were able to describe how concerns were identified, escalated and monitored. We found risk assessments were completed and reviewed to support the delivery of safe care.

At the time of the inspection, refurbishment works were ongoing within parts of the hospice. We found environmental risks associated with these works had been considered appropriately and risk assessments were in place to minimise risks to patients, visitors and staff. We saw no evidence that the ongoing works had adversely affected patient safety or the delivery of care.

We reviewed the hospice risk register and found it reflected the key risks facing the service. The register demonstrated that risks were subject to regular review and monitoring, with risk ratings amended where appropriate to reflect changes in risk levels and mitigating actions. This provided assurance that risks were being actively managed and overseen through established governance arrangements.

We found systems were in place to support learning from incidents and safety concerns. The hospice had recently implemented a new incident reporting system and management described the processes in place to review incidents and identify learning opportunities. Whilst the system was relatively new, we found evidence that arrangements had been established to support its implementation and oversight.

We reviewed a range of policies and documentation relating to health and safety and found these were available to staff and supported the management of identified risks. Overall, the evidence reviewed provided assurance that appropriate processes were in place to identify, assess and manage risks within the hospice.

Infection prevention and control (IPC) and decontamination

We found the hospice had appropriate arrangements in place to support infection prevention and control (IPC). During the inspection, the hospice environment was observed to be clean, tidy and well maintained. Patients, visitors and inspectors did not raise concerns regarding cleanliness, and the environment provided assurance that appropriate standards of IPC were being maintained.

Staff demonstrated an awareness of infection prevention and control responsibilities and staff survey responses provided positive assurance regarding infection prevention arrangements within the hospice. Infection prevention and control training formed part of the hospice's mandatory training programme and monitoring arrangements were in place to support compliance.

We reviewed a range of documentation relating to infection prevention and control and found appropriate policies, procedures and cleaning arrangements were in place. However, whilst the environment was observed to be clean, we identified

inconsistencies in the completion of cleaning schedules and associated records. We found some records had not been completed fully. This may limit the provider's ability to demonstrate that cleaning activities have been undertaken consistently and may reduce the effectiveness of management oversight and assurance processes.

The registered manager should ensure cleaning schedules and associated records are completed consistently and are subject to effective monitoring and oversight.

Overall, we found appropriate IPC arrangements were in place and the inspection provided assurance that patients were receiving care in a clean environment that supported their safety and wellbeing.

Nutrition

We found patients were provided with food and drink that supported their nutritional needs and preferences. Patients and carers spoke positively about the quality of meals available and described the food as being of a high standard. Patients told us they were offered a good choice of food and that assistance was provided where required. Patients also reported they were not rushed during mealtimes.

The hospice provided dedicated catering facilities and demonstrated a commitment to ensuring patients had access to a balanced diet. We found the catering provision formed part of the hospice's wider person-centred approach to care and wellbeing, with a focus on patient choice and individual preferences.

Feedback received during the inspection did not identify concerns regarding food, hydration or mealtime support. Patients and carers consistently provided positive comments regarding the quality of meals and the support available from staff when required.

Medicines management

We found effective arrangements were in place for the prescribing, storage, administration and disposal of medicines. Our review of medicines management processes, medication records and medicines administration practices provided assurance that medicines were managed safely and appropriately. Medication records reviewed during the inspection were completed to a good standard and demonstrated appropriate oversight of medicines use.

The hospice benefited from regular pharmacy support, with access to specialist advice to support medicines optimisation and symptom management. Staff described positive working relationships with pharmacy colleagues and we found evidence of a multidisciplinary approach to medicines management.

Medicines were stored securely and appropriate arrangements were in place for the

management of controlled drugs. Records relating to controlled drugs were maintained appropriately and stock checks were undertaken regularly. We also found suitable arrangements for self-administration where appropriate, supported by individual risk assessments and monitoring processes.

During observation of medicines administration, we found patients were supported appropriately and medicines were administered safely. The use of individual patient rooms provided a calm environment for medicines administration and supported patients' privacy and dignity. Medication administration records reviewed during the inspection were completed appropriately and reasons for medicines not being administered were clearly documented.

The registered manager described innovative practice to support the management of complex symptoms and total pain. Inspectors were provided with examples of the use of methadone for patients with complex palliative care needs, supported by specialist pharmacy input. We found this multidisciplinary approach supported individualised symptom management for patients with complex care requirements. The hospice was also participating in clinical initiatives and trials aimed at improving patient care and outcomes.

Whilst medicines storage arrangements were generally effective, we identified inconsistencies in the completion of medicines refrigerator temperature monitoring records. This reduced assurance that medicines requiring refrigerated storage had been maintained consistently within the required temperature range. We also found the hospice did not have a replacement medicines refrigerator available should the existing unit fail.

The registered manager should ensure medicines refrigerator temperature monitoring records are completed consistently and that suitable contingency arrangements are in place should the medicines refrigerator become unavailable.

Safeguarding children and safeguarding vulnerable adults

We found the hospice had arrangements in place to safeguard adults and children and protect patients from harm. Staff we spoke with demonstrated an understanding of safeguarding responsibilities and were able to describe how concerns would be recognised, escalated and reported. We found safeguarding processes were supported by identified safeguarding leads and established reporting arrangements.

We reviewed safeguarding documentation and found policies and procedures were available to support staff. The hospice had developed a new safeguarding standard operating procedure which clearly outlined safeguarding responsibilities, escalation pathways and actions to be taken when concerns arose. The procedure included details of designated safeguarding contacts and guidance on responding appropriately

to safeguarding concerns.

Training records and information reviewed during the inspection demonstrated generally good compliance with safeguarding training requirements. Monitoring arrangements were in place to support oversight of training compliance and staff survey responses provided assurance that staff understood how to raise concerns and report issues affecting patient safety and wellbeing.

However, we noted that the safeguarding standard operating procedure remained in draft format at the time of the inspection. Whilst staff were able to describe safeguarding processes appropriately and arrangements were in place to manage concerns; the absence of a formally approved procedure may reduce assurance that staff are working consistently to the most up-to-date organisational guidance.

The registered manager should ensure the safeguarding standard operating procedure is formally approved, implemented and communicated to all relevant staff.

Overall, we found evidence that safeguarding was understood within the hospice and that systems were in place to support the identification, reporting and management of safeguarding concerns.

Medical devices, equipment and diagnostic systems

We found appropriate medical devices and clinical equipment were available to support the delivery of care within the hospice. Equipment was readily accessible to staff and observations during the inspection provided assurance that the equipment available was suitable for the needs of patients receiving palliative and end of life care.

We reviewed equipment management arrangements and found appropriate systems were in place to ensure equipment remained safe for use. Inspection findings confirmed that required safety checks were in date and no concerns were identified regarding the condition, maintenance or availability of clinical equipment.

Staff told us they had access to the equipment required to undertake their roles safely and effectively. Our observations during the inspection supported this, and we identified no issues relating to the availability or suitability of equipment used within the hospice.

Safe and clinically effective care

We found patients received safe and clinically effective care which reflected their individual needs and circumstances. Evidence reviewed during the inspection demonstrated a person-centred approach to care delivery, supported by comprehensive clinical assessment processes and ongoing review. Care and treatment

were tailored to individual patients and reflected the complex needs associated with palliative and end of life care.

We found a multidisciplinary approach to the planning and delivery of care. Clinical staff worked collaboratively to assess, plan and review patients' care and treatment. Feedback from the inspection team indicated this approach supported effective clinical decision-making and helped ensure patients had access to the specialist input required to meet their needs.

Clinical records and documentation reviewed during the inspection demonstrated comprehensive assessment and review processes. Initial assessments were detailed and person-centred and provided assurance that patients' needs were identified and monitored appropriately. We found care was delivered in accordance with assessed needs and there was evidence of ongoing review where patients' conditions changed.

Staff feedback provided additional assurance regarding the quality and safety of care provided. Staff who responded to the questionnaire reported that patient care was the organisation's priority, that patients and relatives were involved in decisions regarding care and treatment, and that they would be happy for a friend or relative to receive care from the hospice.

We found a culture of multidisciplinary working throughout the hospice. Inspection findings consistently demonstrated effective collaboration between staff groups to support the delivery of responsive, person-centred care for patients with complex palliative and end of life care needs.

Participating in quality improvement activities

We found the hospice demonstrated a commitment to continuous improvement and the development of evidence-based practice. During the inspection, leaders described a culture of learning and innovation aimed at improving patient outcomes and enhancing the delivery of palliative and end of life care. The hospice's clinical strategy also outlined a clear commitment to service development, evaluation and the introduction of new models of care where these were shown to improve patient outcomes.

The hospice was actively involved in clinical initiatives and improvement activities designed to strengthen care delivery. During the inspection, we were informed of participation in the Chelsea trial exploring the use of subcutaneous fluids and involvement in a trial relating to the use of physical syringe drivers for medication administration. These initiatives demonstrated the hospice's willingness to participate in the evaluation of developing practice within palliative care.

We also found examples of approaches to symptom management. Inspectors were

provided with examples of the use of methadone for patients with complex pain and symptom management needs, supported by specialist pharmacy input. This demonstrated a multidisciplinary approach to addressing complex symptoms and improving quality of life for patients receiving palliative and end of life care.

The hospice used a range of information sources to support improvement activities. The clinical strategy referenced the use of patient feedback, outcome monitoring, benchmarking and data to support service development and ensure patients received the right care in the right place at the right time. We also found evidence that partnership working with other organisations was viewed positively by staff and formed part of the hospice's approach to service development and learning. Whilst the hospice had a range of improvement initiatives underway, inspectors identified an opportunity to strengthen implementation planning by ensuring initiatives are supported by clear timescales, milestones and monitoring arrangements.

The registered manager should ensure service improvement initiatives are supported by clear action plans with defined timescales, milestones and monitoring arrangements to provide assurance that improvements are delivered and sustained.

Information management and communications technology

We found appropriate information management and communication systems were in place to support the delivery of patient care. Staff described being able to access the information required to support clinical decision-making and patient care, including access to relevant information held by the local health board. This supported continuity of care and enabled staff to access information relevant to patients receiving palliative and end of life care.

Staff who responded to the questionnaire provided generally positive feedback regarding access to information technology systems required to undertake their roles. This provided assurance that staff could access systems and information necessary to support the delivery of care.

We found the hospice recognised the importance of digital technology in supporting service delivery and improvement. The hospice's clinical strategy included plans to invest in the Vantage system to strengthen data accuracy, reporting and compliance arrangements. The strategy also outlined ambitions to further develop digital systems to support service planning, governance and information management.

Whilst systems were available to support information sharing and access to clinical information, opportunities remained to further develop digital record systems as part of the hospice's longer-term development plans. The hospice acknowledged that further progress in this area would be dependent upon available resources and funding.

Development of digital patient record systems could further enhance information accessibility and information sharing across organisations involved in patients' care.

The registered manager should continue to explore opportunities to develop digital patient record systems, where resources and funding permit, to support information accessibility, information sharing and continuity of patient care.

Overall, we found staff had access to the information and communication technology required to support patient care and that the hospice had clear plans to continue developing its digital infrastructure.

Records management

We reviewed a sample of patient records and clinical documentation during the inspection. Overall, records were organised, accessible and supported the delivery of patient care. Documentation reviewed demonstrated that patients' needs had been assessed appropriately and that records reflected a person-centred approach to care. Initial assessments, risk assessments and care planning documentation were comprehensive and tailored to individual patients.

We found clinical records supported effective communication between members of the multidisciplinary team and provided an accurate record of patients' care and treatment. Documentation reviewed during the inspection demonstrated that patient needs, risks and care interventions had been recorded appropriately and were available to staff involved in delivering care.

We also reviewed medication records and found these were completed to a good standard. Records relating to medicines management provided assurance regarding prescribing, administration and monitoring arrangements and supported effective clinical oversight.

Overall, we found records management arrangements supported the delivery of safe and effective care and provided assurance regarding the assessment, planning and delivery of patient care. No issues requiring improvement were identified under this standard.

Quality of Management and Leadership

Staff Feedback

We received 14 completed staff questionnaires. Feedback from staff was generally positive. Staff responses indicated confidence in the quality of patient care provided, management support, training opportunities, incident reporting arrangements and infection prevention and control measures. Staff reported that patient care was the organisation's priority and all respondents stated they would be happy for a friend or relative to receive care from the hospice. Some staff highlighted concerns regarding staffing levels, workload, pay and the impact of recent organisational changes. Staff comments included:

> "Hospice care here is over and above what is expected, giving everyone the special hospice hug."

> "A professional and friendly environment to work in."

Governance and accountability framework

We found appropriate governance arrangements were in place to support the safe and effective delivery of services. Information reviewed during the inspection demonstrated that the hospice had established systems for monitoring performance, managing risk and supporting organisational oversight. Governance processes provided assurance that matters relating to patient safety, quality of care and service delivery were subject to review through established management arrangements.

During the inspection, members of the inspection team attended a meeting of the hospice Board. This provided an opportunity to observe governance arrangements in practice and to gain assurance regarding Board-level oversight of the organisation. Discussions and board papers reviewed demonstrated awareness of the key challenges, risks and priorities facing the hospice and provided assurance that quality, safety and organisational sustainability were subject to appropriate scrutiny and discussion.

We reviewed a range of governance documentation and found evidence of regular monitoring and review. The hospice maintained oversight of risks affecting the service and we found governance systems supported the identification, assessment and management of organisational risks. The hospice risk register reflected the key risks facing the service and demonstrated that risks were reviewed regularly, with risk ratings amended where appropriate to reflect mitigating actions and changes in risk levels. This included a significant organisational risk relating to the retirement of medical staff and the recruitment of replacement doctors. We found this risk had been identified clearly,

was subject to regular review and discussion, and appropriate mitigating actions had been considered through the organisation's governance arrangements. This provided assurance that governance systems were supporting ongoing scrutiny, accountability and risk management.

The hospice demonstrated a commitment to continuous oversight and service development. Strategic plans identified clear objectives for the development of services, quality monitoring and organisational sustainability. We also found evidence that data, patient feedback and performance information were used to support decision-making and inform the future direction of the organisation.

Staff feedback provided additional assurance regarding organisational culture. All respondents reported that patient care was the organisation's top priority. Most respondents stated the hospice was supportive and that partnership working with other organisations was effective. Most staff also reported that the organisation took action to improve services when necessary.

Dealing with concerns and managing incidents

We found appropriate arrangements were in place for the management of concerns, complaints and incidents. Information reviewed during the inspection demonstrated that the hospice had established processes to support the reporting, review and investigation of incidents and concerns. Governance arrangements provided assurance that information arising from incidents and complaints contributed to organisational learning and service improvement.

The hospice had recently implemented a new incident reporting system. Management described the arrangements in place to review incidents, identify themes and share learning across the organisation. Whilst the system remained relatively new, we found evidence that appropriate oversight arrangements had been established to support its implementation and ongoing development.

Staff survey responses provided further assurance regarding the culture within the organisation. Most staff who responded indicated they would feel secure raising concerns about unsafe clinical practice and were confident that the organisation would act in response to concerns raised. This suggested that staff generally felt able to speak up and contribute to maintaining patient safety and service quality.

We also reviewed documentation relating to the management of concerns and noted that organisational policies and procedures promoted escalation of concerns and speaking up where issues affecting patient safety or welfare were identified.

Overall, we found effective processes were in place to support the management of concerns and incidents.

Workforce recruitment and employment practices

We reviewed a range of recruitment documentation and found appropriate arrangements were in place to support the recruitment and employment of staff. Recruitment processes were structured and provided assurance that relevant pre-employment checks were completed before staff commenced in post. Evidence reviewed during the inspection indicated that recruitment arrangements supported the protection of patients' health, safety and welfare.

We found the hospice had implemented a robust recruitment process that applied across staff groups. Recruitment progress was monitored through a structured system which enabled oversight of individual applications and outstanding recruitment requirements. Inspectors were told that a checklist-based approach was used throughout the recruitment process and that recruitment information could be tracked to provide assurance regarding progress and accountability.

The hospice had experienced a period of significant organisational change following the closure of the inpatient unit at Holyhead and the redeployment of staff to the Llandudno site. Staff feedback recognised that this had been a challenging period for the workforce. However, comments also reflected the efforts made to integrate teams and maintain service delivery during the transition. We found evidence that staff had continued to work collaboratively and that the organisation had supported the integration of staff groups following these changes.

Overall, we found appropriate workforce recruitment and employment practices were in place. Whilst the organisation continued to manage challenges relating to medical recruitment and wider workforce changes, we found evidence of effective recruitment processes and appropriate oversight of workforce risks.

Workforce planning, training and organisational development

We found appropriate arrangements were in place to support workforce planning, staff training and development. Training compliance was monitored regularly and systems were in place to remind staff and managers when mandatory training updates were due. Staff were provided with protected time to complete training and we found training requirements were linked to relevant organisational policies and procedures.

We found a positive approach to staff learning and development. Annual appraisal arrangements were in place and inspection findings demonstrated good appraisal compliance. These arrangements supported staff to maintain and develop the knowledge and skills required to undertake their roles effectively. Staff questionnaire responses indicated staff felt generally supported through training and development arrangements. All respondents reported receiving an appraisal or development review during the previous 12 months and all respondents agreed that training had helped

them undertake their role and remain up to date with professional requirements.

The hospice demonstrated a commitment to workforce development and sustainability through its strategic planning arrangements. Workforce wellbeing, staff development and education were identified as important components of future service development.

We found that not all relevant staff had completed the required BOC oxygen cylinder training at the time of the inspection. Management provided assurance that action was being taken to address this. However, until all relevant staff have completed the training, the provider cannot be fully assured that staff have received the required training in the safe use and management of oxygen cylinders.

The registered manager must ensure all relevant staff complete the required BOC oxygen cylinder training and that compliance is effectively monitored and maintained.

We also identified an opportunity to strengthen assurance regarding sepsis training. Whilst staff had access to a range of mandatory and role-specific training, we found the interval between sepsis training updates may not provide sufficient assurance that staff knowledge remains current in relation to recognising and responding to deteriorating patients.

The registered manager should review the frequency of sepsis training and ensure refresher training is provided at appropriate intervals to maintain staff knowledge and competence.

Inspectors identified opportunities to strengthen workforce planning arrangements. During the inspection, we found the service was seeking to maximise patient access whilst maintaining safe staffing arrangements. However, further work was required to demonstrate how staffing establishments, rota arrangements and workforce capacity aligned with the number of patients who could be cared for safely and effectively. The inspection team identified the benefit of benchmarking staffing levels against comparable hospice services and establishing clearer assurance regarding the staffing required to support patient numbers and demand.

The registered manager should undertake benchmarking against comparable hospice providers and review staffing establishments; skill mix and workforce capacity in order to determine the staffing required to safely support the optimum number of patients accessing the service.

We also found opportunities to strengthen workforce planning and oversight through the further development of electronic rostering arrangements. Electronic rota systems would support improved oversight of planned and actual staffing levels and strengthen workforce planning processes.

The registered manager should progress the development and implementation of electronic rota systems to strengthen workforce planning, staffing oversight and workforce management arrangements.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to act, 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 identified on this inspection			

Appendix B – Immediate improvement plan

Service: **St Davids Hospice, Llandudno**

Date of inspection: **18 and 19 August 2026**

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.

Findings	No Immediate non-compliance issues		
Improvement needed		**Standard / Regulation**	
1.			
Service Action:		**Responsible officer**	**Timescale**

Appendix C – Improvement plan

Service: St Davids Hospice, Llandudno

Date of inspection: 18 and 19 August 2026

The table below includes other improvements identified during the inspection for which we require the service to complete an improvement plan setting out the actions they will take to address these areas.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Limited health promotion and wellbeing information was displayed in patient, visitor and communal areas.	The registered manager should ensure a range of relevant health promotion and wellbeing information is readily available and accessible to patients, families and visitors throughout the hospice.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision.	In-patient Unit – patient information folder being created. Day Therapy – leaflets by McMillan to be displayed following refurbishment of area being completed.	Senior Sister Clinical Nurse Specialists	6 months

2.	Limited communication aids were available to support patients with sensory impairments and differing communication needs.	The registered manager should ensure appropriate communication aids are available to support patients with sensory impairments and differing communication needs.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision; Regulation 18: Privacy, dignity and relationships.	Our volunteer project is recruiting volunteers with skills to aid patients with communication needs such as British sign language(BSL). We are also creating a Social Story in collaboration with Community Volunteering Support Conwy; this will be available on our website. Loop hearing assessment completed and we are now planning on installation of aids.	Volunteer Development Manager Head of Facilities	3 months
3.	Signage did not consistently support patients and visitors to navigate the hospice effectively and independently.	The registered manager should review signage throughout the hospice to support patients and visitors to navigate the environment effectively and independently.	Independent Health Care (Wales) Regulations 2011. Regulation 26: Fitness of Premises.	Our volunteer project is creating a Social Story, this is in collaboration with Community Volunteering Support Conwy. All signage in the clinical environment has been reviewed and updated, including dementia friendly signage.	Volunteer Development Manager Director of Care	1 month

4.	There was limited visibility of arrangements to identify Welsh-speaking staff for patients and visitors.	The registered manager should ensure arrangements are in place to better enable patients and visitors to identify Welsh-speaking staff where required.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision; Regulation 18: Privacy, dignity and relationships.	All new clinical uniforms ordered for Welsh speakers will include the Welsh speaker logo.	Director of Care	continuing
5.	Pain assessments were not always recorded consistently, and recognised pain assessment tools were not routinely used.	The registered manager should ensure pain assessments are consistently documented within patient records and that recognised pain assessment tools are used routinely to support the planning, delivery and evaluation of care.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision; Regulation 23: Records.	Medical team is to review Pain assessment tools. On completion all clinical staffs are to receive an update training on pain assessments and tools.	Medical team Clinical Governance and Education Lead	6 months

6.	There was limited evidence showing how feedback informed service improvements, and complaints and advocacy information was not readily available.	The registered manager should ensure information is readily available to demonstrate how patient, carer and visitor feedback has informed service improvements and ensure clear information is available regarding complaints procedures and advocacy services.	Independent Health Care (Wales) Regulations 2011. Regulation 19: Assessing and monitoring quality of service provision; Regulation 24: Complaints.	TV monitors to be placed in reception areas of IPU and Day Therapy to inform service users on how to provide feedback, and complaint procedure. It will also include their feedback and how this has informed improvements and learning. New website now live and we will include the above information on this.	Director of Care Head of Marketing and Digital	3 months
7.	Cleaning schedules and associated records were not always completed fully or consistently, reducing management assurance.	The registered manager should ensure cleaning schedules and associated records are completed consistently and are subject to effective monitoring and oversight.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision; Regulation 23: Records.	Our cleaning schedules are to be updated in patient bedrooms/bathrooms and communal area. Cleaning schedules in Day therapy to be updated following completion of refurbishment. Compliance checked and monitored on monthly cleaning audit.	Director of Care Head of Facilities	3 months

8.	Medicines refrigerator temperature records were not completed consistently, and no replacement refrigerator was available if the existing unit failed.	The registered manager should ensure medicines refrigerator temperature monitoring records are completed consistently and that suitable contingency arrangements are in place should the medicines refrigerator become unavailable.	Independent Health Care (Wales) Regulations 2011. Regulation 15: Quality of treatment and other service provision; Regulation 23: Records.	Medicine refrigerator temperature checks are carried out by nursing staff on night shift as per checklist and has been added to the Sisters Monthly Health & Safety checklist to monitor compliance. A Cool box is available as a temporary measure to mitigate if the existing fridge failed.	Senior Sister and Sisters	2 months
9.	The safeguarding standard operating procedure remained in draft form and had not been formally approved and implemented.	The registered manager should ensure the safeguarding standard operating procedure is formally approved, implemented and communicated to all relevant staff.	Independent Health Care (Wales) Regulations 2011. Regulation 16: Safeguarding patients from abuses; Regulation 9: Policies and procedures.	Safeguarding standard operating procedure has been approved and ratified and sent out to all staff.	Clinical Governance and Education Lead	Completed

10.	Digital patient record systems were not fully developed, limiting information accessibility and sharing across organisations involved in patient care.	The registered manager should continue to explore opportunities to develop digital patient record systems, where resources and funding permit, to support information accessibility, information sharing and continuity of patient care.	Independent Health Care (Wales) Regulations 2011. Regulation 23: Records.	A digitalisation development programme has been identified as a need and included within the Clinical Strategy 2026-2029. We are exploring different software systems, which need to be financially sustainable.	CEO Director of Care	continuing
11.	Not all relevant staff had completed the required BOC oxygen cylinder training, reducing assurance regarding safe use and management.	The registered manager must ensure all relevant staff complete the required BOC oxygen cylinder training and that compliance is effectively monitored and maintained.	Independent Health Care (Wales) Regulations 2011. Regulation 20: Staffing; Regulation 21: Fitness of workers.	BOC oxygen cylinder training compliance now at 89%. Our Mandatory training policy has been updated to reflect BOC oxygen cylinder training.	Clinical Governance and Education Lead	1 month
12.	The interval between sepsis training updates may not ensure staff knowledge remains current.	The registered manager should review the frequency of sepsis training and ensure refresher training is provided at appropriate intervals to maintain staff knowledge and competence.	Independent Health Care (Wales) Regulations 2011. Regulation 20: Staffing; Regulation 21: Fitness of workers.	We will add further sepsis training updates within our allocated in-house study days. Our Mandatory training policy has been updated to reflect Sepsis training.	Clinical Governance and Education Lead	6 months

13.	Further assurance was required that staffing establishments, skill mix and workforce capacity aligned with patient numbers and service demand.	The registered manager should benchmark staffing levels against comparable hospice providers and review staffing establishments, skill mix and workforce capacity to determine the staffing required to safely support the optimum number of patients accessing the service.	Independent Health Care (Wales) Regulations 2011. Regulation 20: Staffing.	Benchmarking of staffing levels carried out and found to be comparable to other hospice providers. As part of the Clinical Strategy 2026-2029, we aim to increase bed capacity, aligned to our workforce capacity and skill mix, and we will continue to explore acuity tools to support safe staffing and maintain high quality of care. This element of the strategy is dependent on sustainable funding.	Director of Care CEO	continuing
14.	Rota arrangements did not provide sufficient electronic oversight of planned and actual staffing levels.	The registered manager should progress the development and implementation of electronic rota systems to strengthen workforce planning, staffing oversight and workforce management arrangements.	Independent Health Care (Wales) Regulations 2011. Regulation 19: Assessing and monitoring quality of service provision; Regulation 20: Staffing.	We are exploring different software systems, which are financial sustainable and this is a need that has been identified as part of the Clinical Strategy 2026-2029.	CEO Director of Care	6 months

15.	A range of quality improvement initiatives were underway; however, implementation plans did not consistently demonstrate clear timescales, milestones and monitoring arrangements.	The registered manager should ensure service improvement initiatives are supported by clear action plans with defined timescales, milestones and monitoring arrangements to provide assurance that improvements are delivered and sustained.	Independent Health Care (Wales) Regulations 2011. Regulation 19: Assessing and monitoring quality of service provision.	Clinical Strategy 2026-2029 provides a 3-year plan for service improvements and monitoring methods included; there is also an action plan tracker in place to monitor progress and provide assurance to the Board of Trustees.	Director of Care CEO	Live document continuing

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): E Thomas

Job role: Director of Care **Date: 12/10/2026**