

Independent Healthcare Inspection Report (Announced)

St Kentigern 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 St Kentigern Hospice on 07 and 08 March 2023.

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

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

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

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

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

The whole of the hospice environment was well maintained, clean and tidy.

This is what the service did well:

- Clean, well maintained, and welcoming environment
- Staff engagement with each other, patients, and their relatives

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care at St Kentigern Hospice to be safe and effective.

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

Suitable equipment was available and being used to help prevent patients developing pressure sores and to prevent patient falls.

The hospice was clean and tidy, and arrangements were in place to reduce cross infection.

There were formal medication management processes in place.

Patients' care needs had been assessed by staff and staff monitored patients to promote their wellbeing and safety.

This is what we recommend the service can improve:

- Review the content of anaphylaxis kit to ensure that it reflects the current Resuscitation Council UK guidance
- Ensure that staff record reasons and sign when crossing out entries on medication administration charts.

This is what the service did well:

- Multi-disciplinary approach to the assessment, planning and provision of care
- Provision of holistic care
- Infection prevention and control

Quality of Management and Leadership

Overall summary:

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

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

This is what the service did well:

- Good management overview
- Trustee engagement and overview
- Policies and procedures
- Communication.

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

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection, in addition to face-to-face discussions, we used paper and online questionnaires to obtain views and feedback from patients and their relatives. We did not receive any online responses and only one paper questionnaire was completed. However, during discussions, patients and their relatives commented positively on all aspects of the service offered at St Kentigern Hospice.

Health promotion, protection and improvement

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

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

Dignity and respect

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

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

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

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

The environment had been thoughtfully designed. Rooms were spacious and furnished and decorated to a very good standard. Patients and relatives had access to communal lounge/dining areas and there were smaller lounge/seating areas for people preferring a more private environment. There was an enclosed garden and outside seating area for patients and visitors to use.

All of the patient rooms had en-suite shower facilities. The communal bathrooms were spacious.

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

Patient information and consent

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

We saw staff seeking patients' consent before delivering care.

Communicating effectively

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

Patients confirmed that they were offered the option to communicate with staff in the language of their choice and several staff members spoke Welsh, which meant that Welsh speaking patients and relatives could converse with them in their first language.

Care planning and provision

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

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

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

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

The hospice team work in consultation with Betsi Cadwaladr University Health Board palliative care team and other healthcare professionals. Consequently, staff can access specialist support and advice when necessary, for example from pharmacists, dieticians, tissue viability specialist nurses and speech and language therapists.

Equality, diversity and human rights

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

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

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

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

Citizen engagement and feedback

The hospice concerns and complaints procedures are referred to in the Statement of Purpose, Patient Guide and on posters located in prominent positions throughout the hospice. These arrangements were consistent with regulations and standards.

We were told by staff that the number of complaints received about the service was very low.

Delivery of Safe and Effective Care

Managing risk and health and safety

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

There were comprehensive policies and procedures in place to support the safe and effective delivery of care. These were based on current clinical guidelines and were being reviewed on a regular basis.

General and more specific clinical audits and risk assessments were being undertaken on a regular basis to reduce the risk of harm to patients, staff, and visitors.

On examination of a sample of patients' care records we found that pressure area and falls risk assessments were being undertaken on admission and reviewed on a regular basis.

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

Infection prevention and control (IPC) and decontamination

There were good housekeeping and maintenance arrangements in place. The communal areas and rooms we looked at were clean and tidy. We saw that there was a good supply of personal protective equipment available to help prevent the spread of infection.

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

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

Regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles. Outcomes of such audits were displayed on a notice board by the nurses' station for patients, visitors and staff to see.

Nutrition

We found the provision of food and drink to be very good with patients' eating and drinking needs assessed on admission.

Patients had access to fluids with water jugs available by the bedside.

Staff were seen helping patients to eat and drink. We observed lunchtime meals being served and saw staff assisting patients in a calm, unhurried and dignified way allowing patients sufficient time to chew and swallow food. We also saw staff providing encouragement and support to patients to eat independently.

We looked at a sample of care records and saw that monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

All the meals are freshly cooked on site daily (including the meals served in the hospice café) and looked well-presented and appetising. Patients told us that the food was very good.

We found an effective system to cater for individual patient needs with good communication between care and catering staff.

In addition to the main kitchen, there was a small kitchen on the ward for staff to prepare drinks and snacks for patients.

Medicines management

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

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

Medication was appropriately stored.

We observed staff administering medication and looked at a sample of medication administration records and found the process to be generally well managed. However, we found that staff were not always recording a reason and signing when crossing out entries on the medication administration charts.

The registered provider must ensure that staff, when crossing out entries on the medication administration charts, record the reason why and enter their signature.

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

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

A pharmacist attends the hospice on a weekly basis to audit medication and provide guidance and support to staff.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place.

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

Medical devices, equipment and diagnostic systems

The hospice had a range of medical equipment available which was maintained appropriately.

Safe and clinically effective care

There was evidence of very good multi-disciplinary working between the nursing, medical staff and therapy staff.

From our discussions with staff and examination of patient care documentation, we found that patients were receiving safe and clinically effective care.

National Early Warning Score (NEWS) system and Sepsis care pathway were reflected in the assessment and care planning process.

Records management

We found robust systems in place to ensure that personal information relating to patients and staff were kept securely, both electronically and in paper format.

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

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

Quality of Management and Leadership

Governance and accountability framework

There was a clear structure in place to support the hospice's governance and management arrangements.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. However, we found that formal, documented staff performance and appraisal reviews were not taking place on a regular basis.

We were also told that team meetings had lapsed somewhat due to staff availability and attendance issues. We recommended that efforts be made to improve staff attendance at team meetings and that when meetings take place, minutes are made available to all staff who should confirm that they have read them.

There was a comprehensive a governance assessment tool in place, which identified any areas that needed improvement or required development.

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

During our inspection, and in addition to face-to-face discussions, we distributed HIW questionnaires to staff to find out what the working conditions were like, and to gain their views on the quality of care provided to patients at St Kentigern Hospice. We received 19 responses from staff working in various clinical and non-clinical roles. Not all respondents completed all of the questionnaire, and questions were skipped throughout.

Responses from staff were positive, with all staff being satisfied with the quality of care and support they give to patients and all but one agreeing they would be happy with the standard of care provided by the hospice for themselves or for friends and family. Most who answered recommended the hospice as a good place to work (15/18).

Just under a third of those who answered did not feel that communication between senior management and staff was effective (5/16) or that senior managers acted on staff feedback (5/17).

Many of the staff who completed the questionnaire felt they had appropriate training to undertake their role (14/19). Those who did not made the following comments:

“We have no time within our working day to complete mandatory training.”

“... the company lack in offering role-specific training.”

The majority of staff who completed the questionnaire felt they were able to meet all the conflicting demands on their time at work.

Over two-thirds believed there were enough staff for them to do their job properly (13/19) and all but two thought they had adequate materials, supplies and equipment to do their work.

All but one respondent said that patients’ privacy and dignity was maintained and that service users were informed and involved in decisions about their care, and believed sufficient information was provided to patients.

Most of those who answered said their organisation encourages them to report errors, near misses or incidents (15/18) and thought staff who are involved were treated fairly (15/17).

Over three-quarters of those who answered would feel secure raising concerns about unsafe clinical practice (14/18) and were confident that the organisation would address their concerns (14/18).

The responsible individual (Chief Executive Officer) is based in the hospice. This enables them to monitor the service on a regular basis and makes them accessible to staff, patients and relatives. Members of the Board of Trustees visit the hospice on a regular basis and compile reports as required under Regulation 28.

The registered provider must review the less favourable staff responses to some of the questions within the online survey.

Dealing with concerns and managing incidents

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

There was a formal complaints procedure in place and information was also posted on notice boards in various areas throughout the hospice.

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

Workforce planning, training and organisational development

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

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

Workforce recruitment and employment practices

There was a formal staff recruitment process in place.

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

We were told that the service would benefit from additional HR administrative support and it is recommended that the registered provider explores this further.

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

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

The improvement plans should:

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

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

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

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

Appendix A - Summary of concerns resolved during the inspection

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

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

Appendix B - Immediate improvement plan

Service: St Kentigern Hospice

Date of inspection: 07 and 08 March 2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C - Improvement plan

Service: St Kentigern Hospice

Date of inspection: 07 and 08 March 2023

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

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The registered provider must ensure that staff, when crossing out entries on the medication administration charts, record the reason why and enter their signature.	Independent Health Care (Wales) Regulations 2011 Regulation 15. (5) (a) Standard 15. Medicines management	The hospice has funded a second weekly session of specialist pharmacist support to add to the one session funded by the local health board. This allows more dedicated specialist pharmacist time to support good governance, including the management of drug related incidents, and education for clinical staff. The action for improvement has been discussed in Medicines management meetings and will continue to be monitored	Jane McGrath, Matron	Implemented May 2023

		through weekly prescription chart checks.		
The registered person must review that medication within the anaphylaxis kit to ensure that they reflect current Resuscitation Council UK guidelines.		<p>Following the HIW inspection, this was addressed by the registered manager (Matron) with the Specialist Pharmacist at BCUHB.</p> <p>The Anaphylaxis kit has now been changed to reflect current UK guidelines, and the kit contains Adrenaline only. The expiry date on the present kit is 31st December 2024.</p>	Jane McGrath, Matron	Implemented 1 st May 2023
The registered provider must review the less favourable staff responses to some of the questions within the online survey.	<p>Independent Health Care (Wales) Regulations 2011 Regulation 19. (2) (e)</p> <p>Standard 24. Workforce recruitment and employment practices</p>	The development of a new hospice strategy for 2023-2028 is underway, with a draft strategy to be completed by the end of June 2023. The strategy is being informed by an internal ‘Discovery’ engagement process. All members of staff and volunteers are being given questionnaires to complete around a number of topics to	Ellen Greer, CEO	Internal ‘Discovery’ staff and volunteer engagement - end of June 2023 informing draft new hospice strategy 2023-2028 - end of June 2023, this including plans for ‘Our People’ including plans to strengthen communications

		<p>inform the development of the new strategy and group sessions have been arranged for the CEO to meet with members of staff and volunteers to have a face-to-face conversation around the questions. During these group discussions, the CEO will explore with staff and volunteers their concerns about communication with and from senior management and how communications can be improved in a way that is meaningful to staff and volunteers. This will include ways of improving how staff and volunteers are re-assured that staff feedback is listened to and acted upon.</p> <p>A key element of the new hospice strategy will be ‘Our People’ and how the hospice recruits, retains, develops and supports staff and volunteers. This will include ensuring the performance appraisal and development system is robust</p>		<p>between staff, volunteers and senior management.</p>
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		<p>and well documented, these including personal development plans to support staff to progress and develop in their roles. Based on the staff feedback gained during the internal ‘Discovery’ process, two-way communications between senior management and staff and volunteers will also be strengthened.</p> <p>The CEO aims to be as visible as possible and undertakes almost daily ‘walkrounds’ in the hospice and attends clinical and non-clinical staff meetings whenever possible.</p> <p>‘Meet and Greet’ sessions with the Board are planned to start in July, these providing an opportunity for staff to meet and have informal discussions with the Board Trustees.</p> <p>Existing communication channels include six weekly clinical</p>		
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		<p>services staff meetings as well as regular reflective sessions. For those unable to attend staff meetings, minutes are made available in the communication book for all staff to read. Information is shared at handover when needed, and also on shift changes. A Clinical staff Whats App group is used for updates of training and as a communication tool.</p> <p>Line managers of non-clinical services also meet with their teams regularly.</p> <p>The Senior Management (all line managers) meet monthly with minutes and an action log of these meetings produced.</p>		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Jane McGrath

Job role: Matron

Date: 25th May 2023