

Independent Healthcare Inspection (Announced)

**Ty Hafan Children's
Hospice**

5 and 6 November 2015

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

**Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ**

Or via

Phone: 0300 062 8163
Email: hiw@wales.gsi.gov.uk
Fax: 0300 062 8387
Website: www.hiw.org.uk

Contents

Introduction.....	2
Methodology.....	3
Context.....	4
Summary.....	5
Findings.....	6
Quality of patient experience.....	6
Delivery of safe and effective care.....	10
Quality of management and leadership.....	16
Next Steps.....	21
Appendix A.....	22

Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW inspections of independent healthcare services seek to ensure services comply with the Care Standards Act 2000 and requirements of the Independent Health Care (Wales) Regulations 2011 and establish how services meet the National Minimum Standards (NMS) for Independent Health Care Services in Wales¹.

This report details our findings following the inspection of an independent health care service. HIW is responsible for the registration and inspection of independent healthcare services in Wales. This includes independent hospitals, independent clinics and independent medical agencies.

We publish our findings within our inspection reports under three themes:

- Quality of the patient experience
- Delivery of safe and effective care
- Quality of management and leadership.

¹ The National Minimum Standards (NMS) for Independent Health Care Services in Wales were published in April 2011. The intention of the NMS is to ensure patients and people who choose private healthcare are assured of safe, quality services. <http://www.hiw.org.uk/regulate-healthcare-1>

Methodology

During the inspection we gather information from a number of sources including:

- Information held by HIW
- Interviews with staff (where appropriate) and registered manager of the service
- Conversations with patients and relatives (where appropriate)
- Examination of a sample of patient records
- Examination of policies and procedures
- Examination of equipment and the environment
- Information within the service's statement of purpose, patient's guide and website (where applicable)
- HIW patient questionnaires.

At the end of each inspection, we provide an overview of our main findings to representatives of the service to ensure that they receive appropriate feedback.

Any urgent concerns that may arise from an inspection will be notified to the registered provider of the service via a non-compliance notice². Any such findings will be detailed, along with any other improvements needed, within Appendix A of the inspection report.

Inspections capture a snapshot on the day of the inspection of the extent to which services are meeting essential safety and quality standards and regulations.

² As part of HIW's non-compliance and enforcement process for independent healthcare, a non compliance notice will be issued where regulatory non-compliance is more serious and relates to poor outcomes and systemic failing. This is where there are poor outcomes for people (adults or children) using the service, and where failures lead to people's rights being compromised. A copy of HIW's non compliance process is available upon request.

Context

Ty Hafan is registered with Health Care Inspectorate Wales (HIW) as an independent children's hospice located at Hayes Road, Sully, Vale of Glamorgan, CF64 5XX. The service provides accommodation, care and treatment for a maximum of 10 children/young persons under the age of 19 years with life limiting conditions. Accommodation is also available for children's families within the purpose built facility. The service was first registered on 21 November 2003. Ty Hafan does not charge for its specialist palliative care services.

The service employs a staff team which includes registered nurses (who have qualifications in caring for children and palliative care), housekeeping staff, play therapists, administrative staff, volunteers, physiotherapists and a registered manager. A range of services are provided which include:

- Clinical nursing services
- Symptom control
- General medical services
- Physiotherapy
- Hydrotherapy
- Play services, music therapy and complementary therapy

HIW completed an announced inspection of the service on the 5 and 6 November 2015.

Summary

Throughout our inspection we found examples of innovative care that promoted an inclusive culture. Children, young persons and their families were involved in planning their care and were treated with dignity and respect.

Staff were highly dedicated and passionate about their roles in caring for children and placed them, and their families, at the very heart of their work.

The registered provider placed a demonstrable emphasis on ensuring that care was based on best practice and professional guidance which was implemented and followed by the staff team.

We also found that there were arrangements in place to regularly monitor and assess the quality of care provided and action taken to make improvements to the service wherever possible.

Children were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

We found that there was a comprehensive range of systems and processes in place to ensure that the quality of care delivered was regularly monitored; improvements being made to the service on an on-going basis wherever possible.

We identified areas for improvement during this inspection regarding the care planning arrangements in place and elements of the staff recruitment process. Whilst this has not resulted in the issue of a non compliance notice, there is an expectation that the registered provider takes meaningful action to address these matters, as a failure to do so could result in HIW taking action in accordance with our non-compliance and enforcement process.

Findings

Quality of patient experience

Throughout our inspection we found examples of innovative care that promoted an inclusive culture. Children, young persons and their families were involved in planning their care and were treated with dignity and respect.

Staff were highly dedicated and passionate about their roles in caring for children and placed them, and their families, at the very heart of their work.

We did however identify the need for improvement with regard to the care planning arrangements in place.

Citizen Engagement (Standard 5)

During the course of our inspection, parents/representatives of the children receiving care at Ty Hafan were invited to complete a HIW questionnaire. This was in order to seek their views on the attitude of staff, the care environment and the services provided. As a result, the parents/representatives of three children completed a questionnaire and each expressed a high level of satisfaction with the care and services received by their children. We also received some additional comments which included:

'My child has benefitted greatly from the fine facilities'

'The staff are superb, kind, caring, gentle and professional. I cannot praise them enough'

'Ty Hafan is a life changing organisation that continues to provide excellent care'

Conversations with the registered manager and other senior managers revealed the variety of methods for seeking and obtaining views of children and their families on the services provided at Ty Hafan. This was with the intention of ensuring that services provided were meeting their needs in accordance with their wishes and preferences. We were also made aware of the involvement of children and their families in the wide variety of social events and activities that took place at the hospice on a regular basis.

We were provided with a copy of the Patient Guide and found that it provided people with useful information. We were also made aware of the arrangements in place to provide children and their families with access to advocacy services if so required.

Dignity and Respect (Standard 10)

All children who received care and treatment at Ty Hafan were provided with their own individual bedroom, each of which had been decorated in a different way to add interest. We also saw that the environment provided both communal and private areas where children could spend time with staff and their families.

The hospice environment was seen to be very well maintained and discussions with the facilities manager demonstrated that there was an agreed plan of regular maintenance and future refurbishment in place, in recognition of the impact that the environment had on individuals' privacy and dignity. The entire building was very well equipped, exceptionally clean and tidy, yet maintained a homely and friendly atmosphere.

There were plenty of toys and educational items available for the children to interact with. We were also made aware of the 'toy lending' service which provided children (with life limiting conditions) living in the community with a range of toys for defined periods of time.

It was evident, during conversations with a variety of staff, that they were highly dedicated and passionate about their roles in caring for children. They also described the efforts they made to ensure that children and their families were treated with dignity and respect as well as being afforded as much privacy as possible during their stay.

We observed that the staff focus was on enhancing the quality of life for children and this was confirmed by the families who spoke with us during inspection. Discussions with staff also revealed the way in which families were supported at the hospice at times when children were in receipt of end of life care. Such discussions revealed the extent to which children and their families were supported in a highly inclusive, dignified and compassionate manner.

Two families completed a HIW patient questionnaire during our inspection, both of whom offered very positive views of the services provided. Face to face conversation with another family also revealed a high level of satisfaction regarding care received by their child.

Care Planning and Provision (Standard 8)

We looked at two patients' records in detail and found that the admission process, was comprehensive and patient centred with multi-disciplinary professional input. Multi-disciplinary records were particularly well organised. We found that staff used an evidence based assessment tool to assist with the promotion and provision of a high standard of care to children/young persons during the palliative and last days of life.

We found clear evidence of family participation in children's plans of care and there were historical and current physical and mental health assessments in place which assisted staff in providing care and treatment. We also saw written records which indicated the emphasis placed on encouraging individuals to do as much for themselves as possible in accordance with their preferences and abilities.

Examination of the content of written plans of care showed that they were pre-printed and provided very little opportunity for individualisation. In addition, we saw that daily care entries being made by staff made no reference whatsoever to the care plans in place. We further found that not all care entries had been signed or dated. This meant that there was the potential for elements of children's care to be ignored and a lack of clarity as to the timing of care provision respectively. Discussions with staff did demonstrate that they had taken time to know the children in their care very well. However, given that the hospice has been, and remains, reliant on bank and agency nurses who may not be fully aware of children's needs, the registered provider must ensure that care plans are up to date and sufficiently detailed to assist staff to provide care.

Improvement needed

The service is required to provide HIW with a full description of the action taken to ensure that children's care plans are patient centred, monitored and evaluated in support of effective care.

Nutrition (Standard 14)

We found patients' individual food and fluid needs were assessed and recorded. We were also able to confirm that staff provided children with support to eat and drink where needed.

Discussions with staff highlighted that they were able to receive support and nutritional advice from dieticians employed by the local health board as and when necessary. Such advice was usually accessed via telephone contact although there were occasions when a dietician would visit the service. We were also informed that staff were provided with clinical workshops in relation to nutrition to assist them in their work.

There was a range of cutlery available for use, although we were told that parents tended to bring their children's specialist cutlery to Ty Hafan during visits. We were also informed that in instances where children were not able to eat and drink normally (due to swallowing difficulties), this matter was identified from the point of admission and conveyed to all members of the team for safety purposes.

Conversation with staff revealed that cookery classes were held at Ty Hafan; the chef and staff team supporting those children who were able to enjoy this type of social activity.

We saw dietary information sheets displayed in the kitchen area in support of children's preferences and specific dietary needs. Comments on the quality and varied nature of the food provided at the hospice indicated a high level of satisfaction with this aspect of service.

Delivery of safe and effective care

The registered provider placed a demonstrable emphasis on ensuring that care was based on best practice and professional guidance which was implemented and followed by the staff team.

We also found that there were arrangements in place to regularly monitor and assess the quality of care provided and action taken to make improvements to the service wherever possible.

Health Promotion, Protection and Improvement (Standard 3)

We saw the policy in place with regard to infection prevention and control, the content of which took account of relevant professional guidance. In addition, the policy was readily available to all members of the hospice team to assist them in their work.

There were signs in various areas of the hospice environment which prompted everyone to wash their hands. There were also hand wash basins, non-touch soap dispensers and paper hand towels available throughout the building in addition to alcohol gel for use, as and when needed. All visitors were invited to use alcohol gel on entry to, and from, the building via a sign and gel 'station' and staff also had mini alcohol dispensers attached to their uniforms for personal use.

We were informed that regular audits were completed regarding staff compliance with established hand hygiene policy standards and were provided with a report which set out the audit results from July and September 2015 respectively. The July audit confirmed 100% compliance with hand hygiene standards, however the September audit result was 73%. As a result, monthly audits had since been put in place and further staff training provided wherever needed. We also spoke with the designated infection prevention and control link nurse who attended regular meeting at the University Hospital of Wales to ensure that the hospice adopted a best practice approach to this aspect of service delivery.

Examination of a sample of staff recruitment files clearly showed that registered nurses had attended occupational health screening prior to taking up employment at Ty Hafan to ensure that they had received appropriate vaccinations/immunisations. We further found that staff had easy access to occupational health services provided by Cardiff and Vale University Health Board, as and when required.

Conversation with the link nurse for infection control revealed that she had adopted an innovative approach to improve the uptake of flu vaccinations among the staff team. Specifically, she set up a flu vaccination clinic at Ty Hafan and encouraged staff to come along and have their vaccinations. We were told that this initiative had

resulted in a positive staff response; uptake having improved dramatically from previous years.

A tour of the premises revealed that trolleys were equipped in readiness to provide care to children who had identified infections, or who needed to be protected from others, as their immune system was compromised.

We found that there was a very high standard of cleanliness in all areas of the hospice during the two days of our inspection.

All of the above findings meant that children, their families/visitors and staff were protected as far as possible from healthcare associated infections.

Safe and Clinically Effective Care (Standard 7)

Conversations with the registered manager and other senior members of staff demonstrated that the team linked with other hospice services (nationally) on a regular basis. This was with a view to discussing and implementing new or revised guidance with regard to the provision of care to children.

We found that Ty Hafan had 24 hour access to advice from a consultant who was associated with the All Wales palliative care network. In addition, a palliative care consultant visited the service each Thursday to provide medical advice and support as well as acting as the link person with the University Hospital of Wales (UHW), Cardiff. The team also benefitted from daily input from a local GP and from specialist palliative care nurses.

We were informed that interviews were held with children and their families on admission to Ty Hafan, and also at the point of discharge, in order to obtain information about their expectations and preferences as well as their views on the quality and safety aspects of their stay respectively. That information was then used to put any necessary safety measures in place and make improvements to the service as far as possible.

We found that discussions about the quality and safety of care took place at each staff shift handover and saw the information that was recorded to support this. In addition, regular care planning and monthly middle management meetings were held where information about safety bulletins and alerts was shared with a view to providing a safe and effective service.

We saw an information board in one of the administrative offices which contained details about individual patient safety to assist staff when providing care and support to children. This was not visible to members of the public.

Discussions with the registered manager and senior nurse managers highlighted that a staff practice development week took place twice every year. During that time,

children's admission to the hospice was confined to emergency placements to enable the team to receive training and updates with regard to service improvements, patient safety and care delivery.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

Conversation with the person nominated to oversee safeguarding arrangements revealed that all members of the hospice team (except some volunteers) had completed e-learning at entry level 1. We were told that a number of volunteers who had worked at the hospice for many years had been initially provided with safeguarding training and current volunteers were always invited and encouraged to attend training sessions. We were further informed that volunteers always worked alongside a substantive member of staff; never alone with a child. Some staff had also completed level 2 safeguarding training having attended a formal bespoke safeguarding session during 2014, provided by an external organisation. Staff had since been provided with refresher training 'in-house' once or twice a year. These arrangements meant that staff were provided with relevant opportunities for training to assist them in undertaking their roles.

We were informed that the responsibility for safeguarding was to be distributed across the senior care management team in the near future; the lead responsibility remaining with the Head of Community Services and Partnerships, as the person concerned was a registered social worker. This was in acknowledgement of the importance of ensuring that children are protected from any form of abuse.

We obtained a copy of the safeguarding policy in place and found that staff had access to contact details of safeguarding teams located within Local Authorities, as well as other relevant information about this particular process.

Discussion with staff demonstrated that the service had good links with external agencies, social workers and other health care professionals which assisted in ensuring good communication about children in receipt of care.

A small number of safeguarding cases had been reported by the service in the past twelve months. Prompt action had been taken by the staff team and lessons learned in each case, as acknowledged by the local authority safeguarding team.

Infection Prevention and Control (IPC) and Decontamination (Standard 13)

We found that there were clear daily cleaning schedules in place which were followed by staff to minimise the risk of healthcare associated infections. This included the rigorous cleaning of toys, patient rooms, communal areas and equipment. All staff we spoke with had a good knowledge of aspects of infection prevention and control and links to specialist advice were available where needed.

We explored the arrangements in place to dispose of clinical and household waste and found that appropriate processes were in place to minimise risks to patients, their families/visitors and staff.

Medicines Management (Standard 15)

We found that there was a detailed medicines management policy in place which provided staff with guidance as to how they should address this element of care. The policy had been recently updated with a clear indication that it was the current version. There was however an absence of information relating to the need to complete a risk assessment at times when parents/family members expressed a wish to continue to administer medication to their child. We did see that patients signed a form of 'disclaimer'; however this was not a substitute for the required risk assessment, as highlighted within nursing and midwifery council (NMC) guidelines.

This matter was brought to the attention of the registered manager and other senior members of the Ty Hafan team. As a result, a risk assessment process and form were produced by day two of our inspection, which we were assured would be used with immediate effect. Had that prompt action not been taken, HIW would have identified the issue as a formal matter for improvement.

Conversations with staff demonstrated that the service had well established links with a local community pharmacy as well as advisors within UHW, Cardiff. We also found that the service was reviewing the stock of prescribed drugs stored at the premises as a means of storing only that which was necessary.

A sample of medication administration records was scrutinised during our inspection as a result of which, we found that signatures were present on each occasion when medication was administered, as required. We also saw that all written entries on the records were legible which reduced the risk of medication error. Additionally, we held discussions with staff which revealed that there was an emphasis on accurate transfer of information from children's community held records to hospice records. This process (otherwise known as transcribing) was undertaken by two nurses, to ensure that children received their medication safely, in the correct quantity, and at the right time.

We observed that staff wore red tabards during times of medication administration in order to alert staff not to disturb them. This was as a means of reducing the risk of error.

We saw that there was a system in place for checking controlled drugs on a daily basis and all medication was stored in a secure way. Fridge temperatures and the oxygen supply available for use were also recorded daily.

We found that staff did not have access to the most up to date information about prescription drugs (for example, the British National Formulary (BNF)). This matter was discussed with the Ty Hafan management team and prompt action taken within

24 hours of our inspection. Staff at the service have since been provided with electronic access to BNF information.

Managing Risk and Health and Safety (Standard 22)

Appropriate risk assessments were available, for example, fire safety and Control of Substances Hazardous to Health (COSHH).

We were able to confirm that the correct action had been taken following the completion of a fire audit (completed by the Fire and Rescue Authority) at Ty Hafan on the 18 May 2015. Specifically, fire doors had been installed in the corridor of the children's care wing, as required.

Fire exits were clearly signposted and completed fire logs confirmed that the alarm was tested weekly. In addition, the service had undertaken a fire evacuation simulation exercise in the past twelve months to assist staff to understand what would be expected of them in the event of fire. The business services manager also informed us that they completed regular walkabouts with different members of staff to ensure that fire safety standards were upheld at the premises.

During the last inspection (2012), a small number of environmental improvements were identified. We therefore explored those issues at this inspection and were provided with a completed action plan that had been created shortly following the previous HIW visit. All improvements identified had been completed.

Scrutiny of maintenance and service agreements led to confirmation that all equipment was tested in accordance with manufacturer's guidelines. This included certificates in relation to gas safety, the electrical wiring system, legionella testing (to ensure that no-one was at risk of infection from the water system) and moving and handling equipment.

We saw that staff completed risk assessments for individual patients and any risks identified were discussed in multidisciplinary meetings. When we spoke with staff it was clear they had a good understanding of how to manage individual risks associated with patients, and we were assured this happened in practice.

Entry and exit arrangements at the service were found to be secure. We were also made aware of the contract arrangements in place for a security firm to be present at the premises at various times of the day and night.

We were able to establish that staff absenteeism was monitored and managed. This was in recognition that any reduction in staff levels would need to be addressed to ensure that there was always sufficient staff to provide care to the children and their families.

Dealing with Concerns and Managing Incidents (Standard 23)

We looked at complaints documentation and found there was a detailed, up to date, complaints procedure in place which gave clear guidelines about how complaints were managed within agreed timescales. We discussed this with staff and they explained how they managed complaints in a patient focussed way. We also found that the complaints procedure was present in the patient guide and Ty Hafan's Statement of Purpose³.

We found that other incidents and concerns (formal and informal) were recorded and managed appropriately. Two complaints had been investigated and resolved during 2014/15. No formal complaints had been received since 1 April 2015. Additionally, the setting was submitting appropriate written notifications to HIW when reportable incidents occurred, as outlined in the independent sector regulations, albeit that there was sometimes a delay of up to seven days in reporting. The service was therefore reminded of the requirement to notify HIW within 24 hours of the occurrence of any relevant incident.

The majority of the service's policies and procedures had already recently been reviewed; others being updated at the time of the inspection.

³ A Statement of Purpose is a document that must be produced by all independent services registered with HIW. The document must contain specific information including the aims and objectives of the organisation, the relevant qualifications and experience of the registered provider and manager, and the kinds of treatment, facilities and all other services provided for the benefit of patients.

Quality of management and leadership

Children were cared for by staff that were supported to deliver care and treatment safely and to an appropriate standard.

We found that there was a comprehensive range of systems and processes in place to ensure that the quality of care delivered was regularly monitored; improvements being made to the service on an on-going basis wherever possible.

We did however identify the need to strengthen elements of the staff recruitment process.

Governance and Accountability Framework (Standard 1)

Ty Hafan is a hospice which provides short breaks, emergency and end of life care to any child with a life limiting illness that lives in Wales, as well as family and bereavement support. All services are provided free from charge.

We found that the service's governance and accountability model focussed on recognised quality assurance principles such as patient and public involvement; risk management; clinical audit; staffing and staff management. There were also suitable arrangements in place to ensure that information held by the service was used in accordance with relevant legislation and staff were provided with regular and relevant training.

Discussions with the registered manager and other senior managers at the service served to confirm that the Board of Trustees had ensured there were well established committees in place which received and scrutinised information collected by the staff team with regard to service delivery. This was with a view to continually monitoring the quality of treatment and making improvements as far as possible.

The annual (quality assurance) assessment/report for Ty Hafan (November 2015) was made available to us prior to the inspection upon request. This showed that the Board operated a model of trustee champions, individuals being nominated as leads for safeguarding, data protection and fundraising.

We were informed that the Clinical Assurance Committee (CAC) met quarterly and was chaired by a trustee who has a medical background. This committee examined any clinical incidents that arose. It was also used as a forum for considering reports generated by the staff team with ideas for service improvement.

Staff told us that they welcomed the monthly feedback they received from the CAC as this promoted openness and transparency across the organisation as well as learning from clinical incidents.

The registered provider completed six monthly visits to the service as required by the Independent Health Regulations. We were provided with the last report and action plan produced during April 2015; action having been taken as described.

Conversations with senior managers revealed the improvements made to the service during 2014/15 and that which were planned for 2016.

Emergency Planning Arrangements (Standard 4)

Examination of policies and procedures and conversations with Ty Hafan's Facilities/Business Services Manager and senior nurse managers revealed that there were well established arrangements in place to respond to adverse incidents and emergencies including:

- Back up arrangements in the event of a failure or interruption to a utility service such as electricity or gas
- Resuscitation
- Emergency transfers of children who may experience unexpected complications and require a higher level of care
- An outbreak of infectious disease (although there had been none in the past three years)
- Fire safety
- Major incidents due to the proximity of the hospice to nearby industry. (This policy was being reviewed at the time of our inspection)

Workforce Recruitment and Employment Practices

Discussions with the interim Chief Executive Officer, senior managers and the registered manager revealed that the service assessed the needs and dependency of each child prior to admission. That information was then used to plan the number of staff and skills required to care for the children concerned. We were able to confirm those arrangements by examining a sample of care records. We also found that there were robust systems and procedures in place to recruit staff and we saw the current policy in support of recruitment practices.

At the time of our inspection, five children and their families were receiving care and support from a sufficient number of staff with appropriate skills. However we found that whilst four new children's nurses had recently joined the team, there remained

seven vacancies for registered nurses. As a result, the service was reliant on securing staff from an established small nurse bank, or a nurse agency to support the permanent staff team. We were, however, told that Ty Hafan was currently engaged in a pro-active recruitment campaign to address the identified staff deficits.

Given that Ty Hafan's existing conditions of registration allowed the service to provide care and accommodation for a maximum of 10 children/young persons, HIW requested that the service provided written reassurance that it would not admit any child to the facility in the future unless there were sufficient numbers of qualified staff available to provide safe and effective care on a 24 hour basis.

We have since been informed that a workforce planning research project had been completed in 2013 in order to analyse the numbers of qualified nurses required to care for children who presented with increasingly complex clinical and palliative care needs. In the light of that workforce review, the service had taken the decision to provide care, support and treatment to six or seven children only, at any one time. Any increase to that number will be wholly dependant on the success of their pro-active campaign to recruit a further seven qualified nurses.

We found that there were suitable arrangements in place to manage unplanned absenteeism, holidays or emergencies (for example, through the use of established bank staff, or agency staff). We were able to confirm that bank and/or agency nurses were provided with an orientation programme as well as the opportunity to work alongside established staff so that they became familiar with the ethos and values of the service, as well as practical elements of work to be completed. In addition, we were informed that wherever possible, the same agency and staff were used for continuity purposes.

Examination of a sample of four staff files (two nurses and two volunteers) on day one of our inspection led to the discovery that the volunteer files did not contain recent photographs for identification purposes, as required by the regulations. Additionally, the service was unable to provide us with any recruitment records/files in respect of agency nurses. The records otherwise contained all the information required by the regulations.

During the course of the second day of our inspection, the registered manager contacted the nurse agency concerned. We were therefore provided with a file which contained details of agency nurses' relevant training, confirmation of identification and some disclosure and barring checks. However the file did not contain any reference to nursing and midwifery council (NMC) registration numbers.

Improvement needed

The registered provider is required to describe the action taken to ensure that its recruitment process captures all information required within Schedule 2 of the Regulations. (Specifically in this instance, recent photographs in respect of volunteers and NMC registration numbers regarding agency and bank staff).

Workforce Planning, Training and Organisational Development (Standard 25)

We invited staff at Ty Hafan to complete a HIW staff questionnaire during our inspection. Nine were completed. Almost without exception, staff offered a very positive view of their workplace and the way in which they were treated and supported when providing care to children and their families. One individual indicated that the style of communication between senior management and the care team could be more transparent. We also received a number of written comments which included:

'My job can be very demanding both in terms of time and emotion. Striking an appropriate work life balance can be difficult, but management actively encourage a balance to be struck'

'My line manager is very supportive and I appreciate that she always has time for me however busy she is'

'Ty Hafan has a very open procedure in place for incident reporting'

The registered manager told us that discussions had taken place with a view to enabling the service to employ people in new roles to support the existing service. These included:

- A professional development nurse who would liaise closely with educational and NHS establishments to ensure that care practice at Ty Hafan remained of a good standard. The individual appointed would also have a key role to play in undertaking future staff training analyses and providing relevant training sessions for staff
- A transitional care consultant to assist children with life limiting conditions to receive on-going care from adult services.

Completed HIW staff questionnaires confirmed that there was an annual appraisal system in place which provided opportunities for work based discussion and identification of training needs. Conversation with the registered manager highlighted that there had been some recent delays in completing appraisals, however, there were now plans in place to address the matter.

Discussions with senior managers at Ty Hafan demonstrated that there was a system in place to support staff to complete Nursing and Midwifery Council (NMC) re-validation⁴. This was to ensure that registered nurses were considered 'fit' to continue with their practice.

⁴ Re-validation is a defined process set up by the Nursing and Midwifery Council to ensure that registered nurses are keeping their practice up-to-date.

Next Steps

This inspection has resulted in the need for the service to complete an improvement plan in respect of Quality of the Patient Experience and the Quality of Management and Leadership. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Ty Hafan Children's Hospice will be addressed within the timescales determined by HIW.

The improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing inspection process.

Improvement Plan

Service:

Ty Hafan Children's Hospice

Date of Inspection:

5 and 6 November 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 7	The service is required to provide HIW with a full description of the action taken to ensure that children's care plans are patient centred, monitored and evaluated in support of effective care.	Regulations 9 (1), 15 (1) and 47. National Minimum Standard 8	<ul style="list-style-type: none"> • A Working group has been looking at documentation and the matter was discussed during the Inspection of 5 and 6 November 2015. • The aim of the review has been to look at existing documentation in its entirety so that it is person-centred, is comprehensive and inclusive of all fundamentals of care, contains individualised care plans and is easily reviewable for each admission to the service. • Since the inspection, the Registered Manager and Responsible Individual have increased the administrative hours to support a review of the children's existing notes and to assist with their formatting and arrangement of files as directed by the senior care management team. This is ongoing with a core group identified to meet in January 2016 	Registered Manager/ Responsible Individual	Timescale prescribed by HIW is three months following the issue of this report.

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>to begin scheduling its implementation.</p> <ul style="list-style-type: none"> ● The senior care management team have continued to look at the structure of care services to enable process mapping for the pathway into and through the journey of caring effectively for a child and their family in Tŷ Hafan. A meeting held on 2 December has agreed the proposed middle management structure and resultant changes will be managed through a consultation process with all staff involved, supported by Human Resources (HR). ● It is intended that the Palliative Care Nurse role will be revised and become the Clinical Nurse Specialist in Palliative care. This role will align to similar roles in the Health Boards to support improved information gathering prior to a stay at the hospice. It is envisaged that clinical care plans will be devised, after referral and acceptance to service, alongside the family needs assessments. This will ensure that prior to the first stay at the hospice; care planning for children coming to stay at the hospice with their families is thorough and is done in collaboration with external community partners. ● It is proposed that the remit of the new role will 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>include ongoing reviews of clinical care plans and support for the staff with complex care service delivery.</p> <ul style="list-style-type: none"> ● The registered nursing team are included in the development of the new documentation and care plans with the aim that: <ul style="list-style-type: none"> ● Core care plans are developed and standardised to achieve consistency ● Individualised care plans are written for children who are currently accessing services. ● Documentation will be more user-friendly, be easier to review on the day of admission to care services for any type of stay required. ● Documentation for shift updates and evaluating care delivery will be reviewed. Staff will be given support and training to ensure the information written by care services Registrants and support staff is clear, concise, legible and adheres to Tŷ Hafan policy, procedure and guidelines and the NMC Code of Conduct (2015). ● Shift update recordings reflect the requirements of the child's care plan during 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>their stay.</p> <ul style="list-style-type: none"> • The Head of Governance and quality has developed an audit tool that will enable existing and new documentation to be monitored and measured on a regular basis so that outcomes of these observations can feed into the review of documentation and act on any improvements identified during the process. • Change to the new documentation will be made within the timescale set by Health Inspectorate Wales. 		
Delivery of Safe and Effective Care					
	None				
Quality of Management and Leadership					
Page 17	The registered provider is required to describe the action taken to ensure that its recruitment process captures all information required within Schedule 2 of the Regulations. (Specifically	Regulations 20, 21 and Schedule 2. National Minimum Standard 24.	<p>Agency Staff</p> <ul style="list-style-type: none"> • Tŷ Hafan may from time-to-time require the services of agency registered nurses and healthcare support workers to ensure the staffing levels provide safe and effective care delivery to children and young people accessing care services within the hospice setting. • Prior to the inspection carried out by HIW, the 	Human Resources/ Registered Manager	Timescale prescribed by HIW is two weeks following the issue of this report.

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	in this instance, recent photographs in respect of volunteers and DBS information regarding agency and bank staff).		<p>recruitment of agency staff had been carried out by team/shift leads trusting that staff being provided had all the necessary checks and training, and were deemed competent to work within a paediatric setting by the supplying agency.</p> <ul style="list-style-type: none"> ● This was identified as not being compliant with regulations and national minimum standards which must apply to all; agency, volunteers and bank staff and who must be treated with the same rigor as substantive staff members within the establishment. ● A working day-to-day management file in respect of agency staff was set up on day two of the inspection by HIW (6 November 2015) and documentation of agency staff who either work regularly or have been organised by team leaders or shift leads to work spans of duty at Tŷ Hafan were recorded. ● The documentation obtained provided the staff management team and the inspection team with information regarding the agency staff member; DBS information: designation; training and competence; and a portrait photograph. ● In addition, Registered Nurses PIN numbers were obtained and subsequently checked once the pack had been received. 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> ● An agreement document was supplied by the agency used, <i>MPS Healthcare</i>, to ensure both parties had shared understanding and agreement of the requirements of the organisation for the supply of agency registered nurses and care support workers. ● Discussions between the agency and Tŷ Hafan have led to the initiation of a process whereby agency workers who have not worked within Tŷ Hafan or within a similar setting involving children with complex health needs, will attend the facility for shadow shifts, paid by the agency, to provide an induction period and orientation to the environment. Further more, all packs and processes of checking form part of this agreement for completion prior to shadow working. ● The process in place has continued requiring the agency to send by facsimile the information across at the time of booking, and/or update information for staff that re-booked, to the team lead/shift lead making the booking. This has provided assurance that the staff member booked to work a shift at Tŷ Hafan is fully screened, is fit to practice and is competent to provide the care required for children accessing services. 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> ● In addition, the agency has required that Tŷ Hafan provide feedback regarding their staff following a shift undertaken at the hospice. An Agency Quality Monitoring audit form is completed by the team/shift lead. The aim of this process is to ensure their staff are providing the standard of care expected by both parties. ● Since the initial changes, initiated during the inspection, were introduced and used in practice, discussions between the Registered Manager, Director of Care and HR have led to further developments and clarification of the responsibilities required for all personnel attending the hospice. ● This has led to process mapping the recruitment and selection of agency workers for shifts required for safe care delivery. ● HR are currently finalising the systems required to effectively manage the process of obtaining all information and checks required from the agency, collate a list of staff cleared to work within the organisation and deal directly with the Agency as part of HR recruitment processes. ● The development of a tool has also enabled monitoring processes and communication between the agency (Appendix 1). 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> ● HR have created a compliance checklist (Appendix 2) including photographic evidence of an Agency worker, cleared by HR to work within the organisation. This is available digitally in a shared secure file on the hospice server, to all senior care managers, middle managers and shift leads. This is fully functional as a process however, due to the Christmas and new year period, full training has not been possible to disseminate to the entire middle management and shift lead personnel therefore the current system remains in place with all agency staff booked having had checks completed by HR. ● Middle managers and shift leads requiring the services of agency staff to ensure safe staffing levels will have access to the list of cleared agency staff and be able to refer to this whenever they require staff. ● When an agency member arrives for their booked shift, the team lead/shift lead is required to confirm the staff member by checking their ID badge against the data sheet. The NMC pin numbers of registered nursing staff are also checked on the NMC website. ● With this new process in place, agency workers will not be able to undertake a shift without clearance from HR and placement on the list of 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>cleared workers in the first instance and without confirmation of photographic evidence on the data sheet with the ID badge and NMC Pin check of registered nursing staff made.</p> <p>Bank staff</p> <ul style="list-style-type: none"> ● Tŷ Hafan currently maintains a small bank supply of staff, both registered nursing staff and support workers who work on an ad-hoc basis when required to ensure the staffing levels are maintained to provide safe and effective care for children and their families. ● Bank care services employees are treated in the same way as agency and permanent employees. DBS /verifying NMC Pin numbers/right to work checks are carried out prior to starting dates. Identification Badges will be organised and available on their first day. ● All registered nurses on the Bank staff list are be required to provide evidence of their entrance on the register with details of their Pin number, with the NMC and further checks will be carried out via the NMC website checking facility on a firstly by HR when checking compliance and a further check each day they report to work to ensure no changes have 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>occurred since originally checking their compliance. as per Tŷ Hafan policy and procedure.</p> <p>Volunteers</p> <ul style="list-style-type: none"> • The Resource Co-ordinator role currently being developed within Tŷ Hafan will coordinate the use of all volunteers ensuring all the required checks are in place. Volunteers, once screened will form part of the team they are allocated to and will be managed within the same process followed for bank and agency staff to ensure compliance is adhered to. • Identification badges are currently being arranged and co-ordinated by the Resource Co-ordinator and Recruitment Officer with the assistance of the Information Technology (IT) department producing the Identification badges. This is ongoing and is anticipated as being complete in early January 2016. <p>Policy review</p> <ul style="list-style-type: none"> • While the systems described are already in place, the procedures that govern them are contained in 		

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
			<p>three policies. These are the Recruitment and Selection Policy and Procedure; the DBS Management Policy and Procedure and the Volunteer Policy and Procedure. The policies and procedures have been updated but will now need to be ratified by the Board of Trustees, approval of all policies maintained by Tŷ Hafan being matters reserved for the Board. The date for presentation to Board of the DBS Management policy is 18 March 2016, that of the Recruitment and Selection and Volunteer policies, 17 June. Presentation to Board for approval follows a process of diligence and recommendation to the full Board by the Finance and Operations Committee and that meets in February 2016</p>		

Service Representative:

Name: Hayley Humphries

Title: Head of Governance and Quality, Registered Manager

Date: 23December 2015