



Inspection Report on

St David's Hospice Care

**St. Davids Hospice Care
Blackett Avenue
Newport
NP20 6NH**

Date Inspection Completed

03 May 2022

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About St David's Hospice Care

Type of care provided	Domiciliary Support Service
Registered Provider	St David's Foundation Hospice Care
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	
Does this service provide the Welsh Language active offer?	Working Towards. The service is working towards providing an 'Active Offer' of the Welsh language and intends to become a bilingual service or demonstrates a significant effort to promoting the use of the Welsh language and culture.

Summary

St David's Hospice Care provide specialist and generalist palliative care services to people with life-threatening illnesses. According to their latest annual review, their aim is to "*Ensure patients have choice about the care they receive, where they receive it*", their wish is to "*Provide our patients with real choice about where they receive their care and their place of death*". St David's Hospice Care offers a range of services designed to give people choices and to meet their needs. These services include an in-patient unit, day hospices and a 'hospice at home' service which is registered with Care Inspectorate Wales.

The hospice at home service which provides palliative care is valued and highly thought of by patients and their relatives. The agency has an experienced management and staff team along with established systems and processes. This enables it to provide bespoke services to people and to respond to short notice requests for its service.

Well-being

Individuals receive the care they need and want. People are referred to St David's Hospice Care when they receive a diagnosis of a life-threatening illness. At that stage, a clinical nurse specialist will meet the person and explain to them how St David's Hospice Care can support them and those close to them throughout their illness. An information pack is given to the individual, it covers the range of services they can access and includes information about the hospice at home service. This gives people the opportunity to consider what type of service they wish to receive at the end of their life.

The provider reports in their 2020/2021 annual review, 88 % of patients died in their preferred place. The questionnaires the agency sent to family show that they saw the overnight support from the hospice at home service as helpful. People mention the service enabled them to honour the wishes of their loved one and that they could not have managed without it or that it would have been even more difficult without it. Feedback includes *"extremely helpful"*, *"not sure how I would have managed without them"*, *"without the service we could not have cared for mum at home which was her wish"*, *"it made it possible for X to come home and spend his last days with me and his children which is exactly what he wanted"*. Compliments sent to the agency mention staff being kind, understanding and compassionate.

People are protected from abuse and neglect because staff are trained and experienced to carry out the duties they are responsible for. Care staff are trained in safeguarding and have clear policies and procedures to guide them. Staff are fully vetted before they start working.

Care and Support

People receive the care they require. Each person who receives a service from St David's Hospice Care has a Clinical Nurse Specialist. They consider a range of information and carry out assessments when they first meet the person and then as and when the person's needs change. This includes information they receive directly from the person, their family, and other health care professionals for example hospital staff and GP. When the person reaches the stage when they require end of life care from the agency, the clinical nurse specialist's assessments inform the service delivery care plans which are set up. These plans detail how the registered nurses and/or health care support workers must care for the person.

Whilst they care for a person, staff complete a 'patient notes' booklet. They record detailed notes including people's presentation, medication taken and hydration needs. These notes will give the latest information to the registered nurses and/or health care support workers who will support the person next.

Discussion with health care support workers show they have a clear understanding of what people require when they are in need of palliative care, and they are confident delivering that care. A review of the feedback from people close to those who received the care show their loved one received the care they needed when they needed it.

Leadership and Management

The service provider has a robust management structure and established systems in place to support the smooth operation of the service. The responsible individual oversees the services provided by the agency. They monitor progress and development. The day-to-day operations are managed by a senior clinical team. All play a part in checking the quality of care delivered. The service provider seeks feedback on its service on a quarterly basis and carries out audits. Clinical governance meetings take place during which the findings of the monitoring activities are reviewed. The agency is clear about what it stands for and what it aims to achieve, this includes enabling people to choose to die at home. The feedback from relatives shows the care delivered by the agency's health care assistants and nurses enabled people to spend their last days at home.

People are supported by staff who are fully vetted, trained, well supported, and developed. The records we examined show the provider carries out the necessary checks when recruiting staff. New staff receive an induction and staff receive training relevant to their roles, this includes 'medication', 'manual handling', 'infection control' and 'completing patient records'. Staff say they are supported, and they feel valued. Discussions with staff show they have a clear understanding of their role and have empathy. We noted managers and health care workers demonstrate commitment to their roles and pride in making a difference to people at the end of their lives.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Date Published 30/06/2022