

Independent Healthcare Inspection (Unannounced)

Sancta Maria Independent
Hospital

Inspection date: 14 and 15 June
2018

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

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred:** we place patients, service users and public experience at the heart of what we do
- **Integrity:** we are open and honest in the way we operate
- **Independent:** we act and make objective judgements based on what we see
- **Collaborative:** we build effective partnerships internally and externally
- **Professional:** we act efficiently, effectively and proportionately in our approach.

Our priorities

Through our work we aim to:

Provide assurance:

Provide an independent view on the quality of care.

Promote improvement:

Encourage improvement through reporting and sharing of good practice.

Influence policy and standards:

Use what we find to influence policy, standards and practice.

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of Sancta Maria Independent hospital on the 14 and 15 June 2018.

Our team, for the inspection comprised of two HIW inspectors and two clinical peer reviewers. The inspection was led by a HIW inspection manager.

HIW explored how the service complied with the Care Standards Act 2000, requirements of the Independent Health Care (Wales) Regulations 2011 and met the National Minimum Standards for Independent Health Care Services in Wales.

Further details about how we conduct independent service inspections can be found in Section 5 and on our website.

2. Summary of our inspection

We were satisfied that the service provided safe and effective care. High standards of care and treatment were identified, with all staff focussed on delivering patient centred holistic care and support. On this occasion we found very few areas where the service was not fully compliant with standards/regulations.

This is what we found the service did well:

- Staff demonstrated a very caring and courteous approach to the delivery of holistic care and treatment
- Patients and their relatives were very happy with the services provided at the hospital
- Meals provided to patients looked appetising and wholesome
- Interactions between staff and patients were dignified and respectful
- There were clear lines of responsibility and accountability.

This is what we recommend the service could improve:

- Aspects of record keeping including more individualised care plans
- Some arrangements for fire safety
- Strengthening of processes for elements of medicines management
- Process for maintenance of equipment needed to be tightened
- The use of a pain management tool needed to be used in a more consistent manner.

We identified regulatory breaches during this inspection regarding – documentation, maintenance and medication. Further details can be found in Appendix B. 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 as a failure to do so could result in non-compliance with regulations.

3. What we found

Background of the service

Sancta Maria is registered as an independent hospital at Ffynone Road, Swansea SA1 6DF. It is part of a registered charity (The Healthcare Management Trust) which is a non-profitable organisation.

The service is registered for 33 overnight patients but due to refurbishment, rooms have been reallocated and on the day of inspection the hospital were utilising 24 beds for patients. On our arrival there were nine patients on the ward, three of which were preparing for discharge. Eight new patients were for admission.

The service was first registered on 27 February 2004.

The service employs a staff team which includes a registered manager, lead clinician, approximately 123 consultants, radiographers, physiotherapists, nursing managers, senior staff nurses, qualified nurses, operating theatre assistants, senior health care support workers and health care support workers. The service is supported by a large administrative, catering, portering and maintenance team.

A range of services are provided which include:

- Medical and surgical diagnosis and treatment of non emergency patients

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

All discussions held with patients and their family members were very positive about the care and treatment received. We saw patients and their relatives/carers being treated with dignity and respect. Opportunities were provided for feedback from patients, relatives and carers on their experience, through the utilisation of face to face discussions and post visit questionnaires.

During our inspection we distributed HIW questionnaires to patients to obtain their views on the standard of care they have received at the hospital.

In total, we received five completed questionnaires from patients at the hospital.

All patients that completed a questionnaire provided positive feedback on their experience during their time in hospital, with all of the patients rating their overall experience as excellent or very good.

Patient comments included the following:

"All the staff have been amazing, made me feel really comfortable and relaxed. Thank you to everyone for all your help!"

"I have thoroughly enjoyed my experience here and all the staff I have dealt with have been super kind and friendly to me"

"I was treated with respect, dignity and kindness, while still maintaining a high level of professionalism and medical care"

Patients were asked how the hospital could improve the care or service it provides. All patients were very happy with the care and service they received. One patient commented:

"I don't think it needs any improvements"

Health promotion, protection and improvement

The focus of the hospital is to provide individualised patient centred care. This is undertaken through a range of methods including clinical and therapeutic support and guidance from a multi-disciplinary team.

We also saw information and advice literature available throughout the hospital on topics such as; healthy eating, reducing falls and smoking cessation.

Dignity and respect

During the entire visit members of the inspection team observed patients and their relatives being cared for in a dignified and courteous manner. Patients and relatives confirmed to members of the inspection team their positive experiences, praising the staff for the considerate and dignified care being provided to them. Every patient that gave an answer in the questionnaires felt that they had been treated with dignity and respect during their time in hospital.

There was one in patient ward on the first floor, with clinics and the operating theatres on the ground floor. Patient bedrooms were single occupancy, with some having access to ensuite facilities. Whilst carrying out treatments and/or speaking to patients we observed that bedroom doors were closed to protect the dignity of patients. We also observed staff knocking bedroom doors prior to entering.

There were individual, well equipped consulting rooms which were used for assessments. Externally the grounds were well maintained.

All patients who responded to the questionnaire confirmed that the care and treatment being provided was excellent.

Patient information and consent

The hospital had a statement of purpose and patient guide which provided detailed information in regards to the hospital, its ethos and services offered.

Patients told us that they were fully advised on their treatment prior to admission. Patient consent was clearly recorded, however, the documentation did not confirm if there were any specific wishes or legal documents such as a living will, should an emergency occur.

Patients were asked a series of questions in HIW's questionnaire about the quality of information provided to them by staff both before and after their

operation or procedure. All patients confirmed that they were given instructions on which medications they could take, and which medications they couldn't take before coming into hospital.

All patients that answered this set of questions told us that staff explained everything that would happen to them during the operation or procedure they were going to have. Similarly, all patients told us that the anaesthetist came to see them to explain how they would be put to sleep or control their pain.

After the operation, all patients that answered this set of questions confirmed that they were visited by a member of staff who explained to them how their operation went.

Patients were asked whether they had been given enough information on what to do once they got home (e.g. how to look after any wound they may have). While this question wasn't applicable to all patients, every patient that answered this question confirmed that they had been given this information.

Patients that completed a questionnaire told us that overall, they felt that they have been given enough information about all aspects of their care during their stay at the hospital.

Improvement needed

The hospital should consider how their documentation on admission includes information about patient wishes should an emergency occur.

Communicating effectively

During our discussions with staff and observing staff communicating with patients and relatives, it was identified that all staff were aware of the need to maintain discretion at all times. Patients had their own rooms and staff were able to speak to them in private to prevent conversations being overheard. Patient records were kept secured and locked away when not in use.

There was a portable loop system available for patients with hearing difficulties and hospital staff had access to a language line if required.

Patients were positive about their interactions with staff during their time in hospital. All patients that completed a questionnaire told us that they could always speak to staff when they needed to and said that they felt that they had been listened to by staff during their stay.

All patients that completed a questionnaire told us that they had been involved, as much as they wanted to be, in decisions about their care and said that they had been given enough time to make decisions about all aspects of their care. Patients also told us that the staff who treated them introduced themselves the first time they came to provide them with care.

Care planning and provision

We looked at a random sample of patient records and found that on the whole the information was clear and satisfactory.

We found that patient's care delivery was planned and documented using an integrated care pathway (ICP). Whilst there was some evidence of individualisation of ICPs according to individual patients care needs we recommended that this could be improved. We were told that the service was in the process of reviewing its care planning documentation, to ensure that all care plans were more individually focussed.

All patients who completed the questionnaire and relatives we spoke with on the day told us that they felt they were listened to and wishes where possible were respected.

Improvement needed

The hospital must ensure that care plans are produced for patients that are individual and specific to their needs.

Equality, diversity and human rights

We observed staff protecting the privacy and dignity of patients when delivering care or having discussions with patients and relatives. For example doors to rooms were closed when care was being delivered and staff always knocked on patients room doors prior to entering.

Citizen engagement and feedback

We found that the hospital was open to feedback and actively sought it from patients and relatives. A patient information folder, which was found in each patient bedroom, contained information about how patients were able to provide feedback on the care and treatment provided to them. We also found that the hospital had suggestion boxes and cards at various points throughout the hospital, allowing patients to provide feedback on an ad hoc basis. A summary of patient feedback was also available within the patient information folder.

Patients were asked whether they had been asked what they thought about the care they had received during their stay in hospital, for example through patient questionnaires. All patients that completed a questionnaire said that they had been asked for their views about the care they had received during their stay in hospital.

We found that the hospital actively listened to feedback provided patients, and took steps to address any concerns raised.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we found that staff provided excellent safe and effective care to patients.

There were numerous policies and procedures in place to support staff in delivering effective care and treatment to patients.

The hospital had effective processes and procedures in place to monitor both the care and treatment provided to patients, and to also ensure care was provided in a safe environment.

Managing risk and health and safety

Overall we found that the service had processes and procedures in place to protect patients, staff and those visiting the hospital. The hospital had a variety of risk assessments, and highlighted where areas of improvements were required. Patient areas were free from obvious hazards, clean and tidy. We did find that some areas within the hospital, clinical and staff only areas, appeared to be cluttered with equipment due to a lack of storage. When discussed with the management team they were fully aware of the issue, and were working within the constraints of the building and making the best use of space.

Whilst we saw that staff had received training in fire safety, we were unable to see that fire drills were carried out on a regular basis. We discussed this with the management team, and were told that an external compliance assessor visited the hospital on an unannounced basis and would undertake random fire drills, both day and night. We were unable to see any confirmation of this.

The in-patient area was located on the first floor of the hospital and was accessed via key pad entry, meaning that those wishing to access the ward needed to be given permission to enter, protecting staff, patients and visitors at the hospital.

We found that cleaning materials were stored securely away, and staff only areas and rooms were locked appropriately to help prevent unauthorised access.

The hospital had appropriate equipment available for use in a patient emergency, which was checked on a regular basis. In the event that a patient became acutely unwell, the service would call 999 services for specialised care and treatment.

Improvement needed

The hospital is required to ensure that fire drills are conducted and documented on a regular basis.

Infection prevention and control (IPC) and decontamination

During our visit we found the hospital to be very clean and tidy. Patient bedrooms and bathrooms were cleaned daily to a very high standard. We saw that sufficient personal protective equipment such as gloves and gowns were freely available, and we observed staff using it appropriately. Patients we spoke to confirmed that domestic staff were visible and that their rooms were very clean and tidy. We observed staff washing their hands between tasks, and noted that hand hygiene products were readily available throughout the hospital.

We observed that once equipment had been cleaned it was clearly labelled. This promotes good practice in relation to infection control and prevention.

The service conducted regular infection control audits, including hand hygiene, environmental, storage areas, mattresses, sharps safety and equipment audits. Information about these audits was presented to senior management via a Clinical Quality Dashboard, highlighting any areas where action may be needed. We were satisfied with the results of the audits.

Sharps bins viewed within the hospital were not overfilled and were stored and maintained securely.

We saw that infection prevention and control was excellent on the wards with staff aware of their role in preventing cross contamination and maintaining good standards of cleanliness. Staff of all grades had received training in relation to infection prevention and control. The hospital also had a range of infection control policies and procedures in operation.

Nutrition

During our visit the inspection team observed patients receiving a lunchtime meal. The food looked appetising and nutritious. Patients were able to select their choices from a menu which was varied with options and changed on a regular basis.

Patient records showed that nutritional risk assessments were completed on admission, helping to identify and assess patient needs.

Food was prepared and delivered to patients on an individual basis, meaning that patients had a choice about what, and when they wanted to eat. Overall, we found that the arrangements for food and drink were appropriate and of a high standard.

All patients said they had been able to eat and drink when they needed to after their operation or procedure.

Medicines management

The hospital was utilising the all Wales Drug Charts, which were completed thoroughly and consistently to ensure the safe and effective management of medication administration. No gaps in administration were identified in records. Records evidenced clearly what medication had been administered by staff, with clear dates for drug commencement and completion. All records were clear and legible.

We were unable to see that venous thromboembolus (VTE)¹ risk assessments had been carried out consistently in accordance with NICE Guidelines. However, we found that some patients had been prescribed anti-embolism stockings² to prevent VTE. We raised this with the management team who confirmed that the hospital's own policy required for risk assessment to be carried out prior to prescribing. The management team provided assurance that they would address this issue.

¹ <https://www.nice.org.uk/guidance/ng89/chapter/Recommendations#risk-assessment>

² Stocking to help prevent blood clots in veins

The hospital had access to a pharmacist on site one day a week, and a pharmacy technician three days each week. We found that a medication audit was carried out on a regular basis

Patients were able to bring in their own medication, which they were able to store safely and securely in a cupboard within their rooms.

We found that all medicines were stored securely in locked cupboards in the locked treatment room, and in a locked room on the ward. We saw that the hospital monitored and recorded the temperature of the room and locked fridges where medication was stored. However, we recommended that information should be clearly made available to staff on what to do should the temperatures fall outside of the acceptable range. We were unable to see that the hospital monitored the ambient temperature of the medication room. The management team advised that this was captured within a new medicines management policy, which had recently been rolled out to all staff. They agreed to address this matter.

We looked at the controlled drugs register and entries had been recorded appropriately.

Patients at the hospital wear identity bands for safe practice and we observed that all patients were wearing them appropriately.

During our visit we found three open bottles of liquid medication on the medication trolley that did not have dates of opening on them, and one open bottle within the controlled drugs cupboard without an open date. The management team agreed to address this issue.

Improvement needed

Information should be clearly made available to staff about the action to take should the temperature of the medication fridge fall outside of the acceptable range.

The ambient temperature of the medication room should be recorded in line with the services medication management policy.

The hospital must ensure that opened medication has a date which clearly states when the medication was opened.

Safeguarding children and safeguarding vulnerable adults

We saw that there was an appropriate policy in place regarding safeguarding of both adults and children. We also found that staff had received training in safeguarding and the service maintained records of this training to ensure all staff receive updates on a regular basis.

Blood management

The hospital retained a limited supply of blood on the premises for patient use during or post surgery. We found that there were appropriate processes in place for the safe receipt and storage of blood products from the local general hospital.

Medical devices, equipment and diagnostic systems

The hospital had sufficient numbers of items of varied pieces of equipment to support the different patient groups attending the hospital. Whilst we found that all equipment appeared to be in good working order, servicing records for some equipment showed that they were overdue, which the hospital was aware of. We discussed with the management team the arrangements they had with an external company to provide the service, and were provided with assurance that the process for servicing equipment would be strengthened to ensure all equipment would be serviced in a timely manner. Portable appliance testing (PAT) was monitored by internal staff within the hospital.

Improvement needed

The hospital must ensure that equipment is maintained and serviced within agreed timescales.

Safe and clinically effective care

At the time of inspection there were no patients with a diagnosis of dementia or showing signs of confusion, however, we were told that the hospital had

recently completed training on the butterfly scheme³ with the aim of providing more specific and appropriate support to patients with dementia/memory impairment. We recognised this as an area of noteworthy practice.

Whilst the hospital used a pain management tool to assess patients' pain and prescribe medication as appropriate, we found it was not conducted in a consistent manner. The scoring used to determine a patient's level of pain was inconsistent and not in line with the hospital's management tool. We raised this with the management team who agreed to address the issue.

Patients were asked whether they had requested extra pain relief medication since their operation; one patient said they waited less than 10 minutes after they had requested extra pain relief before they got it and one patient told us that they had asked for extra pain relief, but was not given any. However, all patients felt that they had been given enough pain medication to stop the pain.

Not all patients required mobility support after their procedure, but of those patients that did, all patients told us that they had been given enough support with mobility issues since their operation.

The majority of patients that completed a questionnaire confirmed to us that a member of staff had discussed any needs the patient may have at home after their operation, such as help with mobility issues or home adaptations.

Improvement needed

The hospital must ensure that a pain management tool is implemented and used consistently by all staff.

Participating in quality improvement activities

The hospital held regular staff meetings and training events. A morning meeting was held everyday, where all staff were welcome to discuss issues/news

³ [Butterfly Scheme Website](#)

relating to the hospital. We attended one meeting during the inspection and found it to be informative, welcoming and constructive.

We found that the hospital was looking to develop its services for the benefit of both patients and staff. One such example was the soon to be implemented Butterfly Scheme mentioned earlier in the report. The hospital was also looking to redesign a gift bag for patients, to help make them more comfortable during their stay. We were also told that the hospital was designing placemats for patients which would provide additional information about the hospital, making it easier for patients to access information 'at a glance'.

Records management

We found patient records were being stored securely when not in use to prevent access by unauthorised persons. Electronic records were also password protected. The records were easy to navigate, organised and clearly written meaning that staff had good access to legible notes.

We suggested where improvements could be made to enhance the case files and recording, which the management team was receptive to. We recommended that the record of staff signatures and designation needed updating to ensure it included all relevant personnel; the name and designation of the staff member undertaking patient pre-assessments should also be included in the documentation. We also recommended that the referral details for NHS patients receiving treatment at the hospital should be more clearly defined within the patient records.

Improvement needed

The hospital must ensure that appropriate processes are put in place to capture the following information within patient records:

- updated record of staff signatures and designation
- details of staff member undertaking patient pre-assessments
- enhanced details of referred NHS patients.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how the service review and monitor their own performance against the Independent Health Care Regulations and National Minimum Standards.

We found that management structures, lines of delegation and clear lines of accountability were demonstrated at the hospital. The management team appeared to be both approachable and visible to staff.

Staff had access to a range of training opportunities and there were processes in place to ensure staff had the right skills and knowledge to undertake their roles.

Governance and accountability framework

During our inspection we were introduced to the Registered Manager and Head of Clinical Services for the hospital. Both demonstrated clear leadership and management skills. The Registered Manager was responsible for the running of the hospital and was supported on a day to day basis by a wide range of both clinical and non clinical staff. Where we made recommendations and suggestions to improve the service, the management team were committed to making changes.

Clear lines of management and accountability were demonstrated by all levels of staff. Staff we spoke to told us they were aware of their responsibilities and were confident to question any decisions made by management should the need arise.

We were confident that there were adequate meetings and processes to deal with the running of the hospital and to cascade information both upwards and downwards to all staff.

We found that there were robust internal and organisational audit systems to ensure compliance with regulations and best practice guidance. A Clinical

Quality Dashboard report was produced monthly by the hospital, and shared both internally and with the wider organisation. The information provided an overview of audits undertaken and their compliance with the activities. Where the audit outcome was less favourable, we found that action was taken to address the issues.

Dealing with concerns and managing incidents

We found that the hospital had good systems in place for managing complaints and any incidents.

Information was available for patients, family and visitors informing them how to raise complaints / concerns. HIW contact details were also available. We were told that where possible, issues were dealt with at a local level although there were avenues of redress through the wider organisation. Details of complaints and feedback were considered and we saw where the hospital had taken into account feedback to make changes.

Patients were asked whether they would know how to make a complaint if they weren't happy about the care they had received during their stay in hospital; all but one of the patients that answered the question said they did know how to make a complaint.

The hospital utilised an electronic recording system for managing and reporting any incidents. We were told that all staff are encouraged to report incidents and near misses to help prevent issues from reoccurring. Staff we spoke to also confirmed this. We saw evidence where lessons had been learned and processes changed as a result of an incident being reported.

Workforce planning, training and organisational development

We saw that the hospital had a comprehensive training matrix which highlighted both mandatory and additional training for all staff. We found that the system identified when staff needed to complete the training again, and/or when they were overdue. This assists the management team to ensure that staff are adequately trained to undertake the work required of them. The training matrix demonstrated that staff had access to a wide range of training opportunities. Staff we spoke to also confirmed this.

We saw records that evidenced staff appraisals were being performed in a timely manner.

Workforce recruitment and employment practices

We looked at a number of staff files and found that the hospital placed an emphasis on safe recruitment to help ensure only suitably qualified and experienced staff are recruited. We also noted that appropriate pre-employment checks were conducted, helping to safeguard both patients and staff.

We looked at the nursing compliment on each shift and found that there was a good skill mix and numbers of staff to meet the needs of the patients.

4. What next?

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 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.

Where we identify any serious regulatory breaches and concerns about the safety and wellbeing of patients using the service, the registered provider of the service will be notified via a [non-compliance notice](#). The issuing of a non compliance notice is a serious matter and is the first step in a process which may lead to civil or criminal proceedings.

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

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.

5. How we inspect independent services

Our inspections of independent services may be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels.

HIW inspections of independent healthcare services will look at how services:

- Comply with the [Care Standards Act 2000](#)
- Comply with the [Independent Health Care \(Wales\) Regulations 2011](#)
- Meet the [National Minimum Standards](#) for Independent Health Care Services in Wales.

We also consider other professional standards and guidance as applicable.

These inspections capture a snapshot of the standards of care within independent services.

Further detail about [how HIW inspects independent services](#) can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries 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 – Improvement plan

Service: Sancta Maria Independent Hospital

Date of inspection: 14 and 15 June 2018

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	Regulation/ Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
The hospital should consider how their documentation on admission includes information about patient wishes should an emergency occur.	Regulation 38 (1)(2)(a)(b)(c) (d) Standard 9. Patient information and consent	Review of Inpatient questionnaire undertaken, and an additional question added “Is there any additional information you wish to make us aware of should a medical emergency occur? For example, a living will or resuscitation instructions.”	Jan Green Head of Clinical Services	5th July 2018 Completed.
The hospital must ensure that care plans are produced for patients that are individual and	Regulation 15 (1)(a) Standard 8.	A sub-group of the Evidence based safe and effective practice group is charged with reviewing all care plans and has	Jan Green Head of Clinical	31st December

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
specific to their needs.	Care planning and provision	commenced with the inpatient care plan a number of meetings have already been held and a draft document is being produced. Following completion a review day case care plans including the cataract surgery pathway will continue.	Services	2018
Delivery of safe and effective care				
The hospital is required to ensure that fire drills are conducted and documented on a regular basis.	Regulation 26 (5)(1)(b) Standards 22. Managing risk and health and safety 12. Environment 4. Emergency Planning Arrangements	A fire drill was conducted on 29/6/18 and a partial evacuation took place (including all outpatients, consultants and admin staff, excluding theatres and ward). The details have been logged in the fire record book. In addition, further evacuation training is being planned for ward and security staff to ensure that they are confident and competent in the event of a fire. This will be undertaken by an ex-fireman once dates have been agreed.	Beci Jones Business Manager	September 2018
Information should be clearly made available to staff about the action to take should the	Regulation 15 (5)(a)(b)	The newly issued medicines management policy	Jan Green Head of Clinical	June 18th 2018

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>temperature of the medication fridge fall outside of the acceptable range.</p> <p>The ambient temperature of the medication room should be recorded in line with the services medication management policy.</p> <p>The hospital must ensure that opened medication has a date which clearly states when the medication was opened.</p>	Standard 15. Medicines management	<p>(HMT/HOSP/MED-1)</p> <p>Clearly identifies roles and responsibilities regarding storage and safe keeping of medicines and what action individuals should undertake.</p> <p>The Ambient temperature of the room is monitored twice daily and as a result of the recent warm weather, the pharmacy room has been relocated to an area that contains air conditioning.</p> <p>All staff were immediately reminded of the importance re-dating all opened medication and spot checks by the pharmacist and senior staff are now undertaken to ensure compliance.</p>	Services	Completed
The hospital must ensure that equipment is maintained and serviced within agreed timescales.	Regulation 15 (2) Standard 16. Medical devices, equipment and diagnostic systems	Discussions have taken place between Sancta Maria Hospital senior management and the Managing Director of Avensys, who undertake maintenance of all medical equipment, to look at how to improve the service. Subsequently, the communication between the Avensys engineer and the	Beci Jones Business Manager	July 2018 Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
		SMH Facilities Manager has been much better and the level of service that the hospital is receiving has noticeably improved. In addition, all the long-overdue items from the maintenance database have been actioned and the equipment is now in date. This will be monitored on an ongoing basis to ensure that compliance is maintained.		
The hospital must ensure that a pain management tool is implemented and used consistently by all staff.	Regulation 15 (1)(a)(b) Standard 7. Safe and clinically effective care	The newly implemented National Early Warning Score 2 documentation includes pain score monitoring. This ensures pain scores are captured prior to the revised care plan documentation being introduced. A pain management tool is being incorporated into the revised version of the integrated care plan.	Jan Green Head of Clinical Services	July 2018 Completed December 2018
The hospital must ensure that appropriate processes are put in place to capture the following information within patient records: <ul style="list-style-type: none"> updated record of staff signatures and 	Regulation 23 (1)(a) 3(a) Standard 20. Records management	Recording of staff signatures and designation has been incorporated into staff induction process for all new staff who will be required to enter any information into a clinical record.	HR officer	July 2018 Completed

Improvement needed	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>designation</p> <ul style="list-style-type: none"> • details of staff member undertaking patient pre-assessments • enhanced details of referred NHS patients. 		<p>Pre-assessment record is being incorporated within the revised care plan documentation.</p> <p>Prior to this all pre-assessment contacts including personnel are being recorded on the Compucare Patient Administration System.</p> <p>A new contract NHS framework has just been completed which will allow for enhanced contract referral information to be shared going forward.</p>		<p>December 2018</p> <p>July 2018 Completed</p> <p>August 2018 Completed</p>
Quality of management and leadership				
No improvements 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): Stuart Hammond

Job role: Hospital Director

Date: 30/07/2018