

Appendix A

Improvement Plan

Service: St Anne's Hospice

Date of Inspection: 29 July 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
7	The service must ensure there are consistently clear care plans in place which document care planning, evaluation and execution of care, particularly where a patient has been identified at being at higher risk.	Standard 8, Regulation 15 (1)	Daily care plan check by senior person on duty and recorded daily monitoring checks.	Ward Sister	Immediate
	The service must ensure that all DNACPR forms are clearly visible.	Standard 8, Regulation 15 (1)	DNACPR forms on front of notes.	Ward Sister	Immediate
	The service should consider delegating clear accountability for the management of patients' foot and nail care.	Best practice within Health and Care Standards	Two staff members nominated. Training via Health Board within 2 months.	Vicky Williams, Hospice Manager	Immediate

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Delivery of Safe and Effective Care					
9	<p>The service should implement a full clinical governance/clinical audit policy which demonstrates how the service will meet regulatory requirements.</p> <p>Policies and procedures must be updated on an ongoing basis to reflect current practice.</p>	<p>Standard 7, Regulation 9 (1) (o)</p> <p>Standard 7, Regulation 15 and 9 (5)</p>	<p>Clinical Governance / Clinical Policy implemented.</p> <p>Policies and procedure to be discussed and minutes at monthly Quality and Assurance meetings along with an annual review of policies.</p>	<p>Karen Hughes, Registered Manager (RM)</p> <p>Karen Hughes RM, and Emma Saysell, Responsible Individual (RI)</p>	<p>Immediate</p> <p>Immediate</p>
10	All staff must receive up to date training in Safeguarding on an ongoing basis.	Standard 11, Regulation 16	Safeguarding training underway. One session delivered, two more booked, and ongoing rolling program. Possibility of online training in the future via the Trust being considered.	Karen Hughes, RM	Immediate
10	<p>The service must ensure there are sufficient hand washing facilities and clearly visible information displayed to encourage patients, carers, staff and visitors to maintain high standards of hygiene.</p> <p>The service should carry out hand hygiene audits and ensure that all infection control data is monitored on an ongoing basis to maintain high standards of hygiene.</p>	Standard 13, Regulation 9, 15 (7), (8)	<p>New signage. Amended leaflets.</p> <p>Handwashing audit. The handwashing audit will be carried out for 1 month. Following the outcome of the audit any actions will be implemented. The audit will then take place every 3 months within the audit plan.</p>	<p>Vicky Williams, Hospice Manager</p> <p>Vicky Williams, Hospice Manager</p>	<p>Immediate</p> <p>2 weeks</p>

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11	<p>The service should ensure there is a system in place for assessing staff competence in administering medicines with new staff members at the start of their employment and with existing staff members on an ongoing basis.</p> <p>The service should consider implementing prescription charts which incorporate provision for IV fluid and oxygen prescriptions.</p>	<p>Standard 15, Regulation 15 (5)</p> <p>Standard 15, Regulation 15 (5)(a)(b)</p>	<p>Have developed staff competency checklist.</p> <p>Careful consideration to be given to changing medication chart. Will be discussed at Quality and Assurance meeting and would need to consider safety aspects of immediate changes and staff re-training program.</p>	<p>Vicky Williams, Hospice Manager</p> <p>Karen Hughes, RM, and Emma Saysell, RI</p>	<p>Immediate</p> <p>1 month</p>
11	The service must ensure that there is an ongoing programme of education, training and competence assessment for all staff involved in the blood transfusion process, specifically that all staff receive ongoing blood transfusion update training.	Standard 17, Regulation 15, 20	Transfusion training update arranged via Blood Transfusion Practitioner within the Trust.	Karen Hughes, RM	Within 2 months
12	The service must ensure an up to date risk management policy in place.	Standard 22, Regulation 9 (e), 19, 26	Current Policy being updated.	Karen Hughes, RM	1 week

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12	The service must ensure that there are clear risk management plans in place for patients, once risks have been identified, to provide evidence of the way risks are managed to keep patients safe.	Standard 22, Regulation 9 (e), 19, 26	Risk Management policy in place. As part of the Risk Management policy a risk register is in place. Risks are identified and scored as part of a matrix system. Risks that have been identified will put the necessary measures in place to minimize and manage those risks through policy review, education and training, and staff support. St David's Hospice Care is committed to a learning culture within the organisation. Near misses will form part of the risk management process. All risks are taken through the Quality and Assurance Committee and the Clinical Governance Trustee sub-committee.	Karen Hughes, RM, and Emma Saysell, RI	Immediate
13	The service must update the address for the regulation authority (HIW) in the patient guide.	Standard 23, Regulation 24	Address updated.	Karen Hughes, RM	Immediate
	The service must ensure there is an easily accessible whistleblowing policy available for, and communicated to, staff.	Standard 23, Regulation 23	Whistleblowing policy in place and easily available to staff.	Karen Hughes, RM	Immediate

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Quality of Management and Leadership					
14	The Statement of Purpose must include all information as listed under Schedule 1 of the Independent Healthcare (Wales) Regulations.	Standard 1, Schedule 1 of Regulations	Statement of Purpose updated.	Karen Hughes, RM	Immediate
	The Patient's Guide must include all information as listed under Regulation 7.	Standard 1, Regulation 7	Statement of Purpose included. A summary of the 'Statement of Purpose' is now in the Patient Guide and a full copy is displayed on the unit.	Karen Hughes, RM	Immediate
	The setting must carry out and document 6 monthly registered provider visits.	Standard 1, Regulation 28		Emma Saysell, RI	Within 2 weeks
	The setting must produce an annual assessment including information as specified under Regulation 19 (3).	Standard 1, Regulation 19	Provider visit arranged for 20 th November. Report to follow within 2 weeks. As part of the report following provider's visit.	Emma Saysell, RI	Within 2 weeks
16	The service must ensure there is a formal induction in place for new staff and that records for induction training and competency assessments are maintained.	Standard 24, Regulation 20, 21	Formal induction paperwork – induction and competencies – in place.	Vicky Williams, Hospice Manager	Immediate
	The service must ensure all staff complete ongoing mandatory training and that this is monitored to ensure staff knowledge and skills are kept up to date.		Rolling program of mandatory training in place.	Karen Hughes, RM	Immediate.

Service Representative:

Name (print): Karen Hughes

Title: Senior Hospice Manager

Date: 23/11/15