

Independent Healthcare Inspection (Unannounced)

**Sancta Maria Independent
Hospital**

29 and 30 September 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

1.	Introduction	2
2.	Methodology.....	3
3.	Context.....	4
4.	Summary.....	5
5.	Findings	6
	Quality of the patient experience	6
	Delivery of safe and effective care	8
	Quality of management and leadership	11
6.	Next Steps	13
	Appendix A	14

1. 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>

2. 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.

3. Context

The Healthcare Management Trust is a not-for-profit organisation which is registered to provide an independent hospital at Sancta Maria Hospital, Ffynone Road, Swansea SA1 6DF. The service is registered for 33 beds but currently has capacity for 21 patients (12 single room en suite and 9 single room shared facilities). The service was first registered as this company with Healthcare Inspectorate Wales (HIW) on 24 April 2013.

The service employs a large staff team (approximately 150) which includes a resident medical officer, nurses, physiotherapists, radiographers (x-ray) and health care support workers, who work closely along side a wide range of ancillary, hotel service and administrative officers.

A range of services are provided which include:

- Clinical testing i.e allergy, blood, ultrasound scanning, x-rays
- Breast care clinics
- Dermatology
- General medicine
- General surgery
- Gynaecology
- Neurology
- Ophthalmology
- Orthopaedics
- Some paediatric
- Physiotherapy / Sports medicine / pain management
- Rheumatology
- Some surgical and non-surgical aesthetic treatments.

Healthcare Inspectorate Wales completed an unannounced inspection to the service on 29 and 30 September 2015.

4. Summary

We saw that the service was designed, developed, reviewed and implemented to ensure that patients' rights and freedom to make choices was promoted and respected. We found that the views of patients were sought and taken into account when reviewing and improving services. There was clear involvement with patients when planning their treatment and patients made very positive comments about the quality of care provided.

We were assured that Sancta Maria Hospital provided patients with effective treatment and care which was based on agreed best practice guidelines and complied with regulations. The service had policies and procedures in place with the intention of providing a safe service. Contracts were in place with regard to clinical waste and facility maintenance. Comprehensive records had been maintained in respect of equipment used at the hospital. We saw that appropriate arrangements were in place to record and audit a range of practices within the hospital.

There was evidence that the hospital monitored its performance to identify where they could make improvements to patient treatment and care. We saw that regular audits had been carried out with identified outcomes and improvements recorded from the audits. Staffing levels were acceptable, recruitment and retention of staff was good and appraisals and individual development was encouraged. There was also evidence of clear succession planning which motivates and sustains a stable staff team.

We identified the following areas for improvement during this inspection;

The registered provider needs to ensure that bilingual signage and information documents are available on request for patients. **Regulation 18(1)(b).**

The registered manager needs to ensure that controlled drugs are stored in appropriate double locked cupboards. **Regulation 15(5)(a).**

Whilst these have 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.

5. Findings

Quality of the patient experience

We saw that the service was designed, developed, reviewed and implemented to ensure that patients' rights and freedom to make choices was promoted and respected. We found that the views of patients were sought and taken into account when reviewing and improving services. There was clear involvement with patients when planning their treatment and patients made very positive comments about the quality of care provided.

Citizen Engagement and Feedback (Standard 5)

During the inspection HIW distributed patient questionnaires with a view to gaining an insight into the patient's experience. Without exception all the responses made by the patients were complimentary regarding their experience of the service. All respondents stated that they strongly agreed that the environment was clean and tidy, staff were polite, kind and sensitive and listened to them. Some examples of comments were;

'Fantastic facility. Well mannered staff, very caring and cannot do enough. I will definitely recommend this facility to all I know'.

'I have been treated exceptionally well on all 3 occasions I have had to stay here and once was for nearly a week. Nothing is too much trouble. Everyone is so friendly and polite and you're made to feel so welcome'.

'Lovely staff. Very caring and kind. Nothing was too much hassle'.

The service collected patient's views through patient satisfaction questionnaires which were reviewed monthly. Staff stated that the findings from the responses were discussed at staff meetings and any areas of concern were acted upon. Examples were given where changes had been made in line with patient requests.

Care Planning and Provision (standard 8)

We looked at the treatment records of people who use the service and observed how people were being cared for. We saw that patients were given choices and procedures / outcomes were explained to them. We looked at a small sample of patients records in detail and found comprehensive and appropriate information. The assessments, care planning and evaluation of care and discharge planning were all within a booklet and the standard of record-keeping within these was excellent. The completion of such records were examples of notable practice.

We found that staff had access to 24 hour advice, expertise and appropriate on call arrangements with consultants..

Dignity and Respect (Standard 10)

There were up to date privacy and dignity and equality and diversity policies available. The environment provided both communal and private areas for patients and family members and/or accompanying relatives.

When we were shown around the hospital we observed that staff knocked on doors before entering and when people received clinical care, doors were closed. This ensured patient's dignity and privacy was maintained

During our inspection we observed the interaction between staff and patients who were receiving care. At all times staff were observed as approachable, considerate and were able to spend time with patients to explain procedures and discuss discharge plans. The general atmosphere was friendly and welcoming.

Communicating Effectively (Standard 18)

We were given a current copy of the Statement of Purpose and Service Users guide. These are documents which set out the terms of the service offered, the staff team, a review of the service and the outcome of engagement with patients. Both contained the required information.

We did not see any information or signage in Welsh and this was discussed with senior staff during the inspection. We were told that they would arrange for bilingual signage for pertinent areas such as toilets, bathrooms, fire exits. We were also told that translated documents would be made available on request in the future.

Improvement needed

The registered provider needs to ensure that bilingual signage and information documents are available on request for patients.

All patients we spoke with, and comments received within HIW returned questionnaires indicated that they knew how to raise a concern should the need arise. No one expressed any concerns on the two days we undertook our inspection.

Delivery of safe and effective care

Overall HIW were assured that Sancta Maria Hospital provided patients with effective treatment and care which was based on agreed best practice guidelines and complied with regulations. The service had policies and procedures in place with the intention of providing a safe service. Contracts were in place with regard to clinical waste and facility maintenance. Comprehensive records had been maintained in respect of equipment used at the hospital. We saw that appropriate arrangements were in place to record and audit a range of practices within the hospital.

Safe and Clinically Effective Care (Standard 7)

We saw that the organisation offered safe, effective treatment and care which was based on current guidelines and complied with the requirements of professional bodies and legislation. This was because we saw efficient systems for audit and improvement of care standards, to ensure good outcomes for patients. The outcomes of the audit systems were measured against current evidence based research and clinical guidelines.

Staff were appropriately trained to undertake the care required of them and staffing levels were adequate to ensure safe and timely care was offered. Patients were offered treatment in line with evidence based current guidelines such as NICE³ which was centred on their individual needs.

Safeguarding Children and Safeguarding Vulnerable Adults (Standard 11)

The service had an up to date safeguarding policy and procedure in place. We were informed that there had been no safeguarding concerns or incidents to date and/ or within the last few years. Staff had received training in both safeguarding of adults and children. However there was no dedicated lead and no member of staff had undertaken the level 3 Safeguarding training. This was discussed with the registered manager and the clinical director who agreed to address the issue. We were satisfied that this would be undertaken.

³ The National Institute for Health and Care Excellence (NICE) are clinical guidelines which contain recommendations on the best way of treating and caring for people with specific diseases and medical conditions.

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

There were schedules in place for cleaning and there were contracts with regard to clinical waste and facility maintenance. Staff undertook regular infection control audits and these records were made available for us to see. We saw that there was a continued annual improvement in their overall infection control. We observed domestic staff cleaning and saw cleaning rotas for different areas. The presentation of the environment, although tired in some areas, was consistently clean.

We saw appropriate use of plastic aprons and gloves to prevent and reduce cross infection.

Nutrition (Standard 14)

We saw and spoke with patients who confirmed that the standard of food was very good. There were drinks available in each room which included bottled water and these were replenished whenever needed or at least three times a day. Hot drinks were available at any time of the day or night. Food hygiene requirements were in line with legislation (Food Standards Agency) and kitchen staff were all appropriately trained. Patients were able to choose their preferences daily from a menu. Advice was given regarding fasting (not eating before a procedure) and regarding the need for a light diet post procedure. This information was offered in the patients information leaflet prior to admission but staff would reinforce the information on arrival if required.

Medicines Management (Standard 15)

We found that there were robust systems in place to reduce the potential for any medicine error. We saw effective medicines management policies and procedures and there was a dedicated outside pharmacist who visited weekly or more often if requested. A pharmacist technician also visited twice weekly. We spoke with the pharmacist who confirmed that there were good working relations with the hospital. There was a clear system for receiving, storing, administering and disposal of drugs. We did see however, that although there was an appropriately locked storage cupboard for drug storage on the ward; in both the recovery room and theatre, the cupboards were only fitted with a single lock instead of the required two

Improvement needed

The registered manager needs to ensure that controlled drugs are stored in appropriate double locked cupboards.

We discussed and observed the process for dispensing medication for patients to take home and found that the system was safe with the patient being given information and advice on medicine administration.

Blood Management (Standard 17)

We saw that that, in an emergency, patients had access to a safe and sufficient supply of blood, blood products and blood components because blood was stored in a fridge within a locked room. The fridge was temperature controlled and linked to Morrision General Hospital who monitored the temperatures daily. There was a system in place to change the blood supply every 14 days. Staff received appropriate training in blood transfusion and one member of staff had undertaken the extended training to train other staff.

Medical Devices, Equipment and Diagnostic Systems (Standard 16)

There were current maintenance contracts in place with regard to equipment. Comprehensive daily machine diagnostic check records were available. We saw that the anaesthetic machine was checked daily by the nurses and there was a signature to confirm that this had been undertaken. Resuscitation trolleys were checked daily.

Dealing With Concerns and Managing Incidents (Standard 23)

We discussed the system in place for patients/relatives to raise a concern about the service provided with the registered manager and were told that formal complaints were referred to the head office in London. However where possible they would try and deal with any concerns/complaints at a local level and this would initially be with the registered manager. There was a system to record details of any investigation, outcome and action taken. There was also a system for evaluation of concerns and incidents. We looked at one on-going concern and saw that responses were timely and met in accordance with the company's complaint policy and procedure. However we discussed the need for the development of a reminder letter. This was because the concern in question was still open because the complainant had not responded. The registered manager agreed that this would enable the process to be streamlined and where needed the complaint could be closed in the future, if there was no further correspondence from the complainant.

Quality of management and leadership

There was evidence that the hospital monitored its performance to identify where they could make improvements to patient treatment and care. We saw that regular audits had been carried out with identified outcomes and improvements recorded from the audits. Staffing levels were acceptable, recruitment and retention of staff was good and appraisals and individual development was encouraged. There was also evidence of clear succession planning which motivates and sustains a stable staff team.

Governance and Accountability Framework (Standard 1)

The registered manager and the clinical director were present on each day of the visits. Both were visible and approachable to patients and staff.

A range of monthly audits had been carried out, including infection control, documentation audit review and infection control.

We saw written reports and minutes of clinical governance meetings which were of a high standard and presented clear, set outcomes and timescales. Individuals were identified to take responsibility for actions and there was a follow up email to ensure the individuals were working to timescales. This ensured a timely response to improving and achieving outcomes and is notable practice.

HIW had not received any regulation 30/31 notifications. (These are notifications of any untoward incidents or events). Discussion with administration staff indicated that they were not aware of the need to report to HIW. We referred the staff to the appropriate regulation and the forms for submission.

We were given the last two reports by the responsible individual (the person who represents the company or organisation) following his visits to the hospital and these were factual assessments of his observations. They included the following; review of documentation, staff training, and the safety and cleanliness of the environment. Our only observation was that there was no action plan to accompany the report to confirm if any identified areas of improvement had been undertaken. This was discussed with the registered manager who agreed that this would help to complete the audit trail.

We were satisfied that Sancta Maria had effective systems in place to assure patients and people involved with the hospital that they were continually striving to meet the standards and regulations and improve where required.

There were clear lines of responsibility and accountability and staff told us that they felt they could speak to any member of the management team should the need arise.

Workforce Recruitment and Employment Practices (Standard 24)

We looked at a sample of staff files. All had the appropriate pre recruitment checks in place. Staff appraisals indicated that the current staffing team had a personal development plan to meet identified needs. Staff training was on-going within the hospital and we were shown a comprehensive training programme. This is a clear improvement on the last inspection. There was no concern with staffing levels, recruitment or retention. There had been no use of agency nurses for many years.

We were told by nursing staff about succession planning and how staff were encouraged to assist with managerial tasks to enable progression and to expose the individuals to new experiences. This is good practice which encourages retention of staff and a sustainable workforce. We saw that sickness levels for staff were low and that staff morale was high?.

6. 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 Delivery of safe and effective care. The details of this can be seen within Appendix A of this report.

The improvement plan should clearly state how the improvement identified at Sancta Maria Hospital will be addressed, including timescales.

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

Appendix A

Improvement Plan

Service: Sancta Maria Hospital

Date of Inspection: 30 September and 1 October 2015

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
Quality of Patient Experience					
Page 8	The registered manager needs to ensure that bilingual signage and information documents are available on request for patients.	Regulation 18(1)(b).	<p>Patient procedure information has been translated and is now being used.</p> <p>Other patient literature, including brochures, has been translated and will be printed in January 2017.</p> <p>Bilingual signage has been ordered and will be in situ by February 2017.</p>	Stuart Hammond	<p>Complete</p> <p>January 2017</p> <p>February 2017</p>
Delivery of Safe and Effective Care					
Page 11	The registered manager needs to	Regulation	This has been investigated within the	Stuart	Complete

Page Number	Improvement Needed	Regulation / Standard	Service Action	Responsible Officer	Timescale
	ensure that controlled drugs are stored in appropriate double locked cupboards.	15(5)(a).	organisation, relevant literature has been reviewed and discussed with our pharmacist. The cupboards in place do seem to comply with the relevant Laws and Regulations.	Hammond	
Quality of Management and Leadership					
	None				

Service Representative:

Name (print): **Stuart Hammond**.....

Title: **Hospital Director**.....

Date: **15/12/2015**.....