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29 January 2013

Dear Mr Barrett,

## **UNANNOUNCED INSPECTION OF SANCTA MARIA HOSPITAL**

As you are aware, Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection to Sancta Maria Hospital on 20 March 2012. HIW apologises for the delay in providing a written response to the inspection undertaken on the 20<sup>th</sup> March 2012

The purpose of the visit was to provide independent assurance that Sancta Maria Hospital have the necessary processes and procedures in place to demonstrate compliance with the Care Standards Act 2000, associated regulations i.e. Independent Health Care (Wales) Regulations 2011 and National Minimum Standards.

The scope of this inspection focused upon four key areas;

- privacy & dignity/ patient views;
- staffing numbers, records, training and organisational policies application;
- review of current incident/complaints i.e. Regulation 30/31, and
- update compliance of pre-assessment information/ Action plan completion as noted by Regulation 28<sup>1</sup> visits 1.

<sup>1</sup> Regulation 28.—(1) Where the registered provider is an individual who does not manage the establishment, that individual must visit the establishment premises in accordance with this regulation. (2) Where the registered provider is an organisation, the establishment must be visited in accordance with this regulation by— (a) the responsible individual; (b) another of the directors or other persons responsible for the management of the (1) S.I. 2005/1541.33 organisation who is suitable to visit the establishment; or (c) an employee of the organisation who has appropriate qualifications, skills and experience for the purpose and who is not directly concerned with the conduct of the establishment. (3) Visits under paragraph (1) or (2) must take place at least every six months and may be unannounced. (4) The person carrying out the visit must— (a) interview, with their consent and in private (if) necessary, by telephone), such of the patients and their representatives and such employees as appear to be necessary in order to form an opinion of the

As part of the inspection process, discussions are routinely held with patients and staff and the interaction of patients and staff is carefully observed. We review the appropriateness of the physical environment and also evaluate the adequacy of a range of documentation including, patient care plans, policies and procedures, staff induction and training plans and complaint and incident records.

The findings from our visit include:

### **Privacy & Dignity/ Patient Views**

- During the visit staff were observed to be courteous and polite to patients and visitors. Staff did not enter rooms/areas without patient consent/awareness i.e. knocked on patient's bedroom door.
- Patient views were captured as part of a satisfaction survey, the results of which were reviewed by the management team. The results for 2011 and January/February 2012 showed evidence of high satisfaction in all areas of service provision. We found the addition of personal comments and remarks by patients to the satisfaction surveys a 'note worthy practice'.
- There was evidence that appropriate age range questionnaires were made available to capture all patient views where possible.

### **Staffing and Organisational Policies**

- Staff numbers were appropriate and there was a bank staff system in operation to cover any anticipated and unexpected staffing shortages. There were no current staff vacancies at the time of our visit.
- A sample of staff files were reviewed and we found that all appropriate documentation was available. A monitoring system flags renewal dates with regard to all staff i.e. annual renewal of nurse's licence to practice. However, it was noted that one item of documentation (annual renewals) i.e. General Defence Union fee proof required for doctors, of payment was not available in one file. Though there was evidence to show that this had been follow-up according to the organisation's policy and procedure. This matter was discussed with members of the senior management team on the day of the visit. The matter will be minuted and discussed at the hospital Medical Advisory Committee (MAC) meeting. This should

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standard of treatment and other services provided in or for the purposes of the establishment; (b) inspect the premises and records of any complaints; and (c) prepare a written report on the conduct of the establishment. (5) The registered provider must supply a copy of the report required to be made under paragraph (4)(c) to— (a) the registration authority; (b) the registered manager; and (c) in the case of a visit under paragraph (2), to each of the directors or other persons responsible for the management of the organisation.

Independent healthcare - Care Standards Act 2000, associated regulations i.e. Independent Health Care (Wales) Regulations 2011 and National Minimum Standards - Visits by registered provider to establishments

assist in reminding qualified staff that they have a responsibility in presenting evidence supporting their current registration. The required confirmation of outstanding information has since been forwarded to HIW.

- Training and education records were well documented and a system for monitoring performance management was in place i.e. staff supervision and appraisal.
- All staff had received a comprehensive induction and had opportunities for ongoing education. Qualified staff were supported to maintain their professional registration with ongoing access to education within and outside the organisation.
- Comprehensive policies and procedures which met statutory requirements and a clear system of review and audit were in place. However, we noted that some departmental copies of the hospital's policies and procedures did not have a signature to state that the policy had been sign off and was now the current policy to be used by staff within the hospital. , However, the master copies of the hospital's policies in the master files had the required signature.
- We discussed with senior management team members and asked how they monitored and tested staff members understanding and application of hospital policies and procedures. All staff members were informed of location of hospital's policies and procedures files during their induction period. Staff members were informed through the staff communications systems when hospital policies and procedures were updated and revised. There was no system available to check that all staff had accessed and were aware when policies had been reviewed. and/or revised. The senior management team acknowledged that this was an area that would require further review and reflection.

### **Review of Current Incident/ Complaints**

- The complaints policies and procedures were comprehensive and detailed.
  - Actions, outcomes and lessons learnt were disseminated to all staff through structured processes.
  - The complaint log was viewed and there appeared to be no generalised themes with regard to the complaints.
  - The complaints were resolved at level one, local level. Final action and outcomes were recorded onto the hospital's complaint log.
  - There has been one Regulation 30/31 incident. HIW have received the appropriate documentation with regard to the incident. This included a 'Lessons learnt' element which is shared with the hospital's staff to inform staff practice and hopefully reduce the risk of a repetition of the incident.
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## **Care Records/ Documentation**

- A sample of care plans/assessments and other care documentation were reviewed. There were some good examples of comprehensive and detailed care planning which informed patient care. There was evidence of patient input and decision making throughout this process. However, it may be helpful to review the designated care documentation audit process to include additional members of staff to review that all paperwork has the required time/date and secondary signature if appropriate. Some patient documentation did not have required time and/or date inserted.

## **Compliance with Regulation 28 Visits and Other Agencies**

- An Environmental Health Office (EHO) visit was undertaken on 3 February 2012. The report on Food safety scored Sancta Maria hospital 4/5. The maximum score available is 5/5. The issues identified were legal requirements i.e. documentation and structural. Action had been undertaken to complete required by time of visit. A letter has been sent to the (EHO) confirming that required action has been completed. However, some gaps were noted in the recording of temperatures of patients food in the ward kitchenette.
- Overall the establishment has a pleasant environment with good systems in place for communications and staff training. Staff members were very positive about working at the hospital and the management team had fostered an environment in which staff feel valued which was reflected in their practice, interactions and through patient remarks/comments.

## **Environment**

We noted that some equipment and furniture, including a seating item present in the external staff seating area were inappropriately stored.

HIW were informed that all areas had been tidied by the 3 March 2012.

One room (22) had potential access to lower storey roof through room window as no window restrictors were available. Window restrictors have now been put in place.

It was noted that one Gel dispenser within the ward did not have a signage notice displayed by it. This matter has now been resolved.

It was advised that more Gel dispensers with appropriate signage notices be made available throughout the establishment to potentially increase all personnel awareness of infection control. I.e. Visitors

We noted that a chair was utilised in one of the hospital kitchen larders to remove items from the top shelf. We recommend that a risk assessment is undertaken with regard to this practice, to ensure compliance with Health & Safety (H&S) requirements.

HIW were informed that the top shelf has been removed completely (3 March 2012). An appropriate access tool is now available to access goods from the remaining shelves as required.

The following maintenance issues were also noted during the visit:

- Uneven surface” at kitchen store entrance.
- Uneven floor at rear fire exit.
- Holes in basement above fuse box.
- Damp area with missing concrete in maintenance stores.
- Holes above pipe work on wall adjacent to basement lift entrance

HIW have received confirmation that these maintenance issues have now been resolved.

The requirements set out below address any non-compliance with the Independent Health Care (Wales) Regulations 2011 that we identified either as a result of the inspection or from other information which we received from and about the provider. These requirements are the responsibility of the ‘registered person’ who, as set out in the legislation, includes both the registered provider or registered manager for the establishment or agency.

| Standard | Regulation             | Finding   | Action required under Regulations   | Time scale  |
|----------|------------------------|---|---|---|
| NMS 18   | Regulation 9(1) (f)(g) | The copies of policies and procedures displayed in departments did not have the required signatures.  | All displayed copies must be signed.<br>Signed copies to be displayed in departments.   | 5 March 2012.<br>(Completed)<br>Written and pictorial confirmation                      |
| NMS 12   | Regulation 26(2)(b)    | Uneven floor at rear fire exit.<br><br>Holes in basement above fuse box.<br><br>Damp area with missing concrete in maintenance stores.<br><br>Holes above pipe work on wall adjacent to basement lift | Level uneven floor at rear fire exit.<br><br>Fill holes in basement above fuse box.<br><br>Rectify damp in maintenance stores and fill hole in wall.<br><br>Fill holes above pipe work on wall adjacent to basement lift entrance | 3 March 2012<br>(Completed)<br>Written and pictorial confirmation for all areas covered |

| Standard | Regulation          | Finding   | Action required under Regulations   | Time scale   |
|----------|---------------------|---|---|--|
|          |                     | entrance<br><br>Uneven surface” at kitchen store entrance.                          | Improve signage and improve surface at kitchen stores entrance                |  |
| NMS 14   | Regulation 15 (1)   | Some gaps noted in recording of temperatures of patient’s food in ward kitchenette. | Temperature of patient’s food in ward kitchenette to be recorded as required. | 3 March 2012 (Completed)<br>Written and pictorial confirmation |
| NMS 13   | Regulation 15(1)(d) | No signage visible above hand cream dispenser in ward area.                         | Fix sign above hand cream dispenser.  | 3 March 2012 (Completed)<br>Written and pictorial confirmation |

## Recommendations

- Review and reflect on how to test staff member’s awareness, understanding and application of hospital policies and procedures. I.e should departmental and ward managers discuss new and/or current hospital policies at staff monthly meetings.
- Review, and monitor samples of patient care documentation outside the current audit system i.e. Staff members from another ward and/or area (outpatients) to review new and current patient documentation.

It is acknowledged that Sancta Maria has already addressed the areas following our feedback session and subsequent discussions. A copy of this management letter accompanied by your action plan will be published on our website [www.hiw.org.uk](http://www.hiw.org.uk).

We would like to take this opportunity thank the staff we met at Sancta Maria Hospital for their assistance and co-operation during our inspection.

Should you have any queries in relation to the matters detailed above, please do not hesitate to contact me.

I am copying this letter to Stuart Hammond, Interim Manager for information.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P Price', written over a horizontal line.

**P Price**  
Inspection Manager