

Independent Healthcare Inspection Report (Unannounced)

Sancta Maria Hospital

Inspection date: 25 and 26 June 2024

Publication date: 26 September 2024



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Digital ISBN 978-1-83625-604-5

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

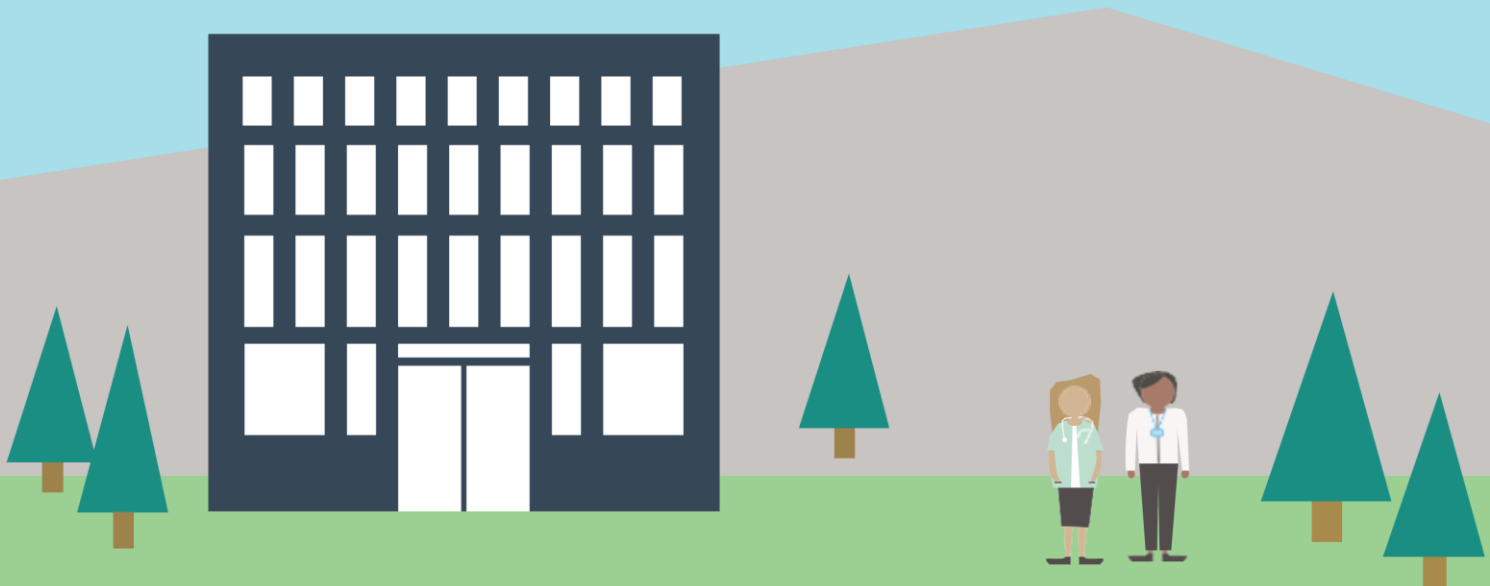
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection at Sancta Maria Hospital, Swansea on 25 and 26 June 2024. The following hospital wards were reviewed during this inspection:

- Inpatient ward
- Day care ward
- Theatres

Our team, for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. A total of six questionnaires were completed by patients. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

We also invited staff to complete a questionnaire to give us their views on working at the hospital. Only three questionnaires were completed by staff. Due to the low number of staff responses, we are unable to include any findings in this report as the results are inconclusive.

Note the inspection findings relate to the point in time that the inspection was undertaken.

2. Summary of inspection

Quality of Patient Experience

Overall summary:

We found the quality of patient experience to be very good.

Patients spoken with during the inspection expressed satisfaction with the care and treatment received. Patients told us that staff were kind and caring. We observed good interactions between staff and patients, with staff supporting patients in a dignified and respectful manner.

We saw staff attending to patients in a calm and reassuring manner.

The hospital environment was very well maintained, clean and tidy.

This is what the service did well:

- Good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner
- Patients were treated with dignity, respect, and compassion
- Patients were attended to promptly when they needed assistance
- Availability of patient information
- Well maintained and welcoming environment.

Delivery of Safe and Effective Care

Overall summary:

We found the provision of care at Sancta Maria Hospital to be safe and effective.

There was a multidisciplinary approach to the planning and provision of care.

The staff team were committed to providing patients with compassionate, safe, and effective care.

The interior and exterior areas of the hospital were very well maintained, clean, tidy, and free from obvious risks to health and safety.

Patients' care needs were being addressed by staff who monitored patients to promote their wellbeing and safety.

This is what the service did well:

- Provision of person centred and individualised care
- Multidisciplinary approach to the planning and provision of care
- Care plans and supporting documentation easy to navigate
- Medication management
- Infection prevention and control

Quality of Management and Leadership

Overall summary:

We found good management and leadership at the hospital, with the vast majority of staff commenting positively on the support that they received from the management team.

Staff told us that they were happy in their work and that an open and supportive culture existed.

This is what the service did well:

- Good support and oversight by the management team
- Good auditing and reporting processes
- Management of concerns and incidents
- Staff training
- Robust recruitment process
- Robust appraisal process for doctors working at the hospital under Practising Privileges arrangements.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

Patients' comments about the care provided by staff at Sancta Maria Hospital were very positive and included the following:

“Everybody from radiography to physio nursing all very attentive.”

“Service spot on, communication excellent. Been very comfortable. Staff changes all seem to foster teamwork. Real care for the patients and each other.”

Health promotion, protection and improvement

Health related information and pamphlets were available in various parts of the hospital, some which was bilingual.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and encouraging and supporting them to do things for themselves thus maintaining their independence.

Dignity and respect

Patients were treated with dignity, respect and compassion by the staff team.

We saw staff making efforts to protect patients' privacy and dignity when providing assistance with personal care needs. Patients confirmed that staff were kind and sensitive when carrying out care.

Patients we spoke with during the inspection told us that staff were very professional, discreet, kind, respectful and courteous. All of the patients who completed the online survey, told us that they had been treated with dignity and respect by the staff at the hospital.

All the patients who completed the questionnaire said that they were listened to by staff during their appointment and were able to speak to staff about their procedure or treatment without being overheard by other people.

We saw consultations with patients taking place in private, behind a closed door, so that they could not be overheard.

Patients told us that the staff worked as a team and that they communicated well with each other and demonstrated real care for the patients and each other.

Patient information and consent

There was a wide range of information available to patients in the form of leaflets, booklets and posters.

Patients confirmed that pre-op treatment and care discussions had taken place and that they had been provided with information leaflets.

All patients who completed the questionnaire told us that they felt involved as much as they wanted to be in any decisions made about their treatment and that they had received enough information to understand what treatment was available, and the risks and benefits of the treatment options.

The majority of patients who participated in the inspection told us that the cost of treatment was made clear before they received that treatment.

All of the patients told us that they had completed a medical history form or had their medical history checked before undertaking any treatment, and that they had been given information on how to care for themselves following their treatment.

We found that formal arrangements were in place to gain patients' consent to undergo treatment, with all respondents to the questionnaire confirming that they had signed a consent form prior to receiving treatment.

Communicating effectively

Throughout the inspection we observed staff talking to patients and each other in a respectful manner.

There was bilingual signage throughout the hospital and Welsh speaking staff wore 'Iaith Gwaith' badges.

We were also told that translation services were available for patients who wished to communicate in languages other than Welsh or English.

Patients spoken with during the inspection told us that staff responded promptly and kindly and that any queries were answered.

A hearing loop was available in the outpatients department but not on the ward.

Care planning and provision

There was a multidisciplinary approach to planning care and treatment that involved the patient, Resident Medical Officer (RMO), consultant, anaesthetist, nurses, physiotherapists and pharmacists.

We reviewed four patient care files and found the quality of the records to be good. Handwritten records were legible and contemporaneous.

Comprehensive assessments were being undertaken prior to admission and that these were being reviewed and updated as necessary.

There were very good discharge planning systems in place with patients being assessed by other professionals such as physiotherapists, prior to leaving the hospital.

Equality, diversity and human rights

Staff had undertaken equality and diversity training and provided care in a way that promoted and protected patients' rights.

We saw staff protecting the privacy and dignity of patients when delivering care. For example, doors to bedrooms rooms were closed when care was being delivered and when consultations were taking place.

Staff we spoke with were aware of Deprivation of Liberty Safeguards (DoLS).

All of the patients who completed the questionnaire told us they felt they could access the right healthcare at the right time (regardless of Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation).

Accessibility was very good through the hospital. There was passenger lift access to the basement car park and toilet facilities in the reception area were spacious and provided aids to assist patients with additional mobility needs.

Citizen engagement and feedback

There were robust systems in place to audit and review the service provided. Patients told us that they were encouraged to complete a satisfaction survey following treatment at the hospital.

All completed patient satisfaction surveys are evaluated by the organisation and all feedback was welcomed (both positive and negative). The ethos of the hospital is to achieve continuous improvement and learning in order to provide patients with a high quality seamless experience.

Patients are also made aware of the process to follow in order to raise any concerns / complaints. This is referred to in the statement of purpose, patient guide and on the hospital's website. However, whilst the address for HIW was

included within the patient guide, it was not in the body of the complaints policy. Following the inspection, we received an updated complaints policy which included HIW contact details.

We were told that the number of complaints received about the service was very low and that the aim was to resolve issues at source and as quickly as possible in order to prevent escalation.

All complaints were recorded and audited and thoroughly investigated using a root cause analysis approach. Learning points were highlighted and communicated to staff in order to prevent reoccurrence.

Delivery of Safe and Effective Care

Managing risk and health and safety

General and more specific clinical audits and risk assessments were being undertaken on a regular basis in order to reduce the risk of harm to patients, staff and visitors.

Environmental hazards had been identified and considered in a comprehensive manner. Policies, procedures and processes had been implemented to reduce environmental risks. Cleaning products were stored safely and securely.

The RMO, based on site, reported any changes in a patient's condition to the responsible consultant, and together with the nursing team provided 24 hour medical support to patients.

The risk of falls was being managed appropriately with robust assessment and reporting processes in place.

Staff were aware of the process for reporting patient incidents and accidents. The hospital utilised the Ulysses system to report incidents. Records of the incidents were viewed which showed that all incidents, accidents and near misses were recorded and investigated appropriately. Records were detailed and structured in a methodical manner. Any lessons learnt from the investigation were shared with staff to prevent recurrence and promote safe and effective practice.

The hospital had established lines of accountability within the governance structure to escalate risks.

The hospital had resuscitation trolleys which were used in the event of a patient becoming unwell. These trolleys were regularly checked to ensure that they could be used in an emergency situation.

Staff had received basic life support training and several members of the team had also received advanced life support training.

Infection prevention and control (IPC) and decontamination

All areas viewed during the inspection were found to be generally clean and well maintained.

There was a comprehensive infection control policy in place supported by detailed cleaning schedules and regular audits were being undertaken to ensure that staff were adhering to the policy and good practice principles.

Hand washing and drying facilities were available. We also saw hand sanitising stations strategically placed around the hospital for staff and visitors to use, to reduce the risk of cross infection.

Staff were well informed regarding infection prevention and control practices. They were fully informed of hand hygiene requirements and infection prevention control requirements. Information pertaining to infection prevention was freely available.

During the course of the inspection, we observed good handwashing compliance by all grades of staff.

We saw that all equipment was being cleaned in between patient use with appropriate labels being used to identify that equipment had been decontaminated.

It was positive to note that all the areas for improvement relating to IPC highlighted during the previous inspection had been actioned.

Nutrition

On examination of a sample of patient care files, we saw that patients' eating and drinking needs had been assessed on admission to the hospital.

All of the patients who contributed to the inspection confirmed that they were satisfied with the quality, availability and freshness of the food provided.

Patients had access to fluids with drinks readily available by the bedside.

Monitoring charts were being used where required, to ensure patients had appropriate nutritional and fluid intake.

All the meals were freshly prepared on site daily and looked well-presented and appetising.

We found an effective system in place to cater for individual patient dietary needs, with good communication between care and catering staff.

Medicines management

We saw evidence of excellent practice with regards the storage, supply, governance and administration of medicines. Medication administration charts were accurately maintained.

Medication was being appropriately stored in lockable cupboards in the treatment room.

The hospital is supported by a local pharmacy with pharmacists attending the hospital two to three times a day to support safe medicines management and provide guidance to staff.

There was a formal framework in place for the management of medication errors, with any errors and near misses clearly recorded, reported and investigated. Investigation outcomes are communicated to staff in order to support learning and avoid reoccurrence.

There were robust processes in place to manage the safe administration of blood and blood based products.

Safeguarding children and safeguarding vulnerable adults

There were written safeguarding policies and procedures in place and staff had undertaken appropriate training on this subject.

The head of clinical services is the safeguarding lead for the hospital and is responsible for managing any referrals and act as a point of contact for staff for all safeguarding matters.

Medical devices, equipment and diagnostic systems

The hospital had a range of medical equipment available which was in good condition and maintained appropriately.

Safe and clinically effective care

From our discussions with staff and examination of care documentation, we found that patients were receiving safe and clinically effective care.

We found that care was being delivered in line with nationally agreed pathways and frameworks.

There were comprehensive policies and procedures in place to support the provision of care and these were being reviewed and updated regularly.

There was evidence of very good multidisciplinary working between the nursing, medical staff and other professionals.

We found the delivery of care to be person centred, safe and effective.

There were robust systems in place for the transfer of patients to the nearest district general hospital in the event of an emergency.

Pain was being appropriately managed through the use of formal pain assessment tools and the administration of appropriate, prescribed pain relief.

Records management

There were robust systems in place to ensure that personal information relating to patients and staff was kept securely, both electronically and in paper format.

Patients' care records were well maintained, and the files were laid out in a way which made them easy to navigate.

Quality of Management and Leadership

Governance and accountability framework

There was a clear structure in place to support the hospital's governance and management.

There were well defined systems and processes in place to ensure that the focus is on continuously improving the services. This was, in part, achieved through a rolling programme of audit and its established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

Audit results were displayed on the ward for patients, visitors and staff to see how the service was performing.

Staff told us that there were good informal, day to day staff supervision and support processes in place.

We spoke with several staff members and found them to be friendly, approachable and committed to delivering a high standard of care to patients.

The responsible individual undertakes formal Regulation 28 visits and produces reports following such visits. This enables them to monitor the service and makes them accessible to staff and patients.

We were satisfied with the level of oversight of the service by members of the hospital senior management team.

Dealing with concerns and managing incidents

As previously mentioned, there were established processes in place for dealing with concerns and managing incidents. There was a formal complaints procedure in place and information on how to make a complaint was noted in the statement of purpose, patients' guide and on the website.

All complaints were recorded and audited and thoroughly investigated with learning points highlighted and communicated to staff in order to prevent reoccurrence.

We reviewed a sample of records relating to concerns and incidents and found that these had been dealt with in line with the hospital's policies.

'You said we did' boards were available on the ward and in the waiting area demonstrating that positive changes had been made on the back of suggestions made by patients and staff.

Workforce planning, training and organisational development

We found a friendly and professional staff team within the hospital who demonstrated a commitment to providing high quality care.

We found the hospital to be well staffed on the days of the inspection, with staff confirming that they were generally able to meet all the conflicting demands on their time at work and that there were enough staff for them to do their job properly.

We were told that staffing levels are adjusted according to the numbers of patients accommodated and their specific care needs.

New staff are expected to complete a period of formal induction. The documentation seen during the inspection showed the staff induction process to be comprehensive.

We inspected a sample of staff files and confirmed that staff had access to mandatory and other service specific training. We were provided with a copy of the hospital staff training plan, which was comprehensive and listed the subjects covered, completion dates and expiry dates. Mandatory training figures presented to us during the inspection showed generally good completion rates. However, we noted that the completion rates for data security training was only 35%. However, we were told that the completion date for this module was the 17 July 2024. Following the inspection, we were informed that the completion rate had risen to 87%.

We requested information relating to performance appraisals and were able to confirm that the majority of staff, to include visiting consultants, had received an annual appraisal within the previous twelve months.

Workforce recruitment and employment practices

There was a formal staff recruitment process in place.

We looked at a sample of staff records and found that the appropriate procedures had been followed when recruiting staff and that relevant recruitment checks had been undertaken prior to the commencement of employment.

4. Next steps

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 immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: 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.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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 during this inspection.			

Appendix B - Immediate improvement plan

Service: Sancta Maria Hospital

Date of inspection: 25 and 26 June 2024

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were highlighted 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):

Job role:

Date:

Appendix C - Improvement plan

Service: Sancta Maria Hospital

Date of inspection: 25 and 26 June 2024

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	Standard/ Regulation	Service action	Responsible officer	Timescale
No improvement plan required.				

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):

Job role:

Date: