

Focussed Review : Infection Prevention Control, Patient Care Documentation and Restraints (Unannounced)

Hillview Independent Hospital

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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 receive good quality healthcare

Our values

We place patients at the heart of what we do. We are:

- Independent
- Objective
- Caring
- Collaborative
- Authoritative

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 focussed inspection of Hillview Independent Mental Health Hospital on the evening of the 23 February and the following day, 24 February 2021.

Hillview Hospital – Regis Healthcare Ltd

Hillview is an Independent Hospital and is registered to provide child and adolescent Mental Health Services to females aged between 13 (thirteen) to 18 (eighteen) years of age who are diagnosed with a mental disorder and who are detained under the Mental Health Act 1983. The hospital has three wards:

- Brenin ward – 9 bedded unit, used for admissions
- Ebbw ward – 9 bedded ward. Transition ward, with all admissions coming from Ty Seren ward on an identified discharge pathway.

How did we do this?

The team comprised of two members of HIW staff who were joined by an Infection Prevention Control Nurse from the local health board for the morning of 24 February 2021. The review was carried out over a night visit and one other full day and focussed specifically on the following:

- Infection Prevention Control
- Patient Care Plans
- Restraints data
- Governance and audit.

This was HIW's second visit since January 2021. The purpose of this inspection was to assess whether sufficient improvements have been made to address the issues we have found during our visit in January 2021. During our previous visit the below issues required further follow up:-

- A review of care and treatment plans highlighted a number of concerns. Specifically, some care plans lacked explicit detail concerning how identified risks need to be managed. Wound care was also poorly documented in terms of how staff should monitor wounds for improvement/deterioration

- A review of the comprehensive restraint data showed significant high numbers of restraints taking place. Whilst the numbers included data for patients who received restraint whilst undergoing nasogastric¹ (NG) feeding and patients who were subject to a “soft” restraint the number of restraints still seemed excessively high.

We also needed to explore whether robust infection, prevention and control measures were being operated following a second outbreak of COVID-19 at the hospital.

¹ Nasogastric intubation is a medical process involving the insertion of a plastic tube through the nose, past the throat, and down into the stomach.

2. Summary of our inspection

We found a dedicated staff team that were committed to providing a high standard of care to patients. We observed that staff interacted with patients respectfully throughout the inspection.

Overall, we found evidence that the service provided safe and effective care.

However we identified concerns regarding the frequency of incidents involving physical restraint, and lack of descriptive detail being recorded when restraints take place.

Whilst improvements had been completed in respect of patient care documentation we found some aspects of the care plans and risk assessments required further improvement.

This is what we found the service did well:

- We observed staff interacting with patients respectfully throughout the inspection
- Staff had really good knowledge on the patient group and care needs
- Patients care plans highlighted that patients were improving.

However, we identified the service was not compliant in areas detailed below;

- Improve documentation and recording of use of Restrictive Physical Interventions (RPI)
- Completion of care plans
- Robust risk assessments.

These are serious issues and resulted in the issuing of a non-compliance notice to the service.

Quality of Patient Experience

We observed staff interacting and engaging with patients appropriately and treating patients with dignity and respect.

Patients had a range of educational opportunities, recreational activities and therapies available to them both within the hospital and the community.

Dignity and respect

We noted that all employees; ward staff and senior management staff, interacted and engaged with patients appropriately and treated patients with dignity and respect. The staff we spoke with were passionate about their roles and enthusiastic about how they supported and cared for the patients. We observed staff taking time to speak with patients and address any needs or concerns the patients raised; this demonstrated that staff had responsive and caring attitudes towards the patients.

Hospital policies and the staff practices we observed contributed to maintaining patients' dignity and enhancing individualised care at the hospital.

The Registered Provider's statement of purpose also described how hospital staff would support patients in ways which would maintain their privacy and dignity.

Delivery of safe and effective care

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

There were established processes in place to support staff to provide safe and effective care. We found that staff in most cases were completing clinical processes and documentation as required.

Staff were very knowledgeable of the patient group.

We found some aspects of the patient care documentation and risk assessments required improvement to ensure patients were receiving safe and effective care.

We identified a lack of detail in patient documentation regarding the recording of restraints, self-harming behaviours and how these identified risks are to be managed.

Managing risk and health and safety

As identified during previous inspections, Hillview Hospital have processes in place to manage and review risks and maintain health and safety at the hospital; these remained in place at the time of this inspection. However after our visit on the 21 January 2021 we were concerned by the high number of restraints taking place. Whilst the numbers included data for patients who received restraint whilst undergoing nasogastric (NG) feeding and patients who were subject to a “soft” restraint the number of restraints still seemed excessively high.

Following the inspection on 21 January 2021, HIW received documentation from the registered provider that attempted to better categorise the restraint data and demonstrate that the restraint numbers were proportionate and necessary. The further documentation did not provide adequate reassurance on concerns raised in the previous inspection, and as a result the concerns remained unresolved, resulting in this further visit to the hospital on 23 February 2021.

During the inspection we spoke with staff, patients and looked at documentation, policies and procedures regarding the practice of restraint and how restraints are described and recorded in patients’ notes.

We examined an overview table of restraint incidents, a number of incident report summaries and individual patient notes in order to explore this issue. We also spoke with staff who told that us that restraint was a daily occurrence due to the nature of the client group.

In terms of governance and recorded information there was insufficient reassurance that when full supine restraints had been undertaken for 10 minutes and above, the incidents were proportionate in relation to the risk posed, lasted for the minimum duration necessary and were the absolute last resort. We observed from documentation that some of the restraints lasted for an hour and above.

As a result we issued a Non Compliance Notice in regards to the breach of regulations 15 (1) (a), (b) and (c) and Regulation 16 (2) (b) of the Independent Health Care (Wales) Regulations 2011 regarding safeguarding and the quality of treatment and other service provision.

It was positive to note that the registered provider had already started a comprehensive analysis on 3 sets of patient records which captured the details and duration of restraints on patients. The registered provider needs to ensure that this comprehensive analysis is completed for each patient and captures the exact narrative and descriptive detail of each individual restraint.

Infection prevention and control (IPC) and decontamination

During this inspection, we were accompanied by an Infection, Prevention and Control (IPC) Nurse from Aneurin Bevan Health Board. The purpose of this addition to the inspection team was to provide specialist expertise and enable us to review how the registered provider has responded to the challenges presented by the COVID-19 pandemic. We considered how well the service manages and controls the risk of infection to help keep patients, visitors and staff safe. We reviewed infection control policies, infection rates and risk assessments. We reviewed key systems including the use of personal protective equipment (PPE).

We were provided with the policies and procedures in place for the prevention and control of infection. These included both the standard IPC precautions and the further guidance issued relating to COVID-19. These were reviewed and updated regularly and we were told that staff were informed of any updates.

We saw evidence that COVID -19 risk assessments were in place for all staff and patients and that these assessments had been updated. We were told that contingency planning was implemented early on and an isolation suite was identified where suspected COVID -19 patients could be appropriately nursed to reduce the risk of cross infection.

We saw evidence that staff had received additional training in COVID-19 transmission based caution. In addition, PPE donning and doffing training had been provided by staff, however we did not see instruction posters displayed in clinical and staffing areas informing the staff of PPE requirements. The registered provider must ensure posters are available to remind staff of the requirements of PPE and donning and doffing methods.

Hand sanitiser stations were available on the wards, however there were no hand hygiene technique posters on display. The registered provider must ensure that posters are displayed to remind and assist staff, patients and visitors on the importance of correct hand hygiene techniques.

There was evidence of staff wearing face masks however it was noted on the first night of the inspection there were occasions where staff were wearing face mask but the mask were being worn incorrectly. In addition, staff we observed in the car parks were not adhering to social distancing measures and some staff were not wearing masks. These issues were raised with the Registered Manager to resolve who advised us that robust systems are in place to deal with staff who failed to comply with requirements to wear face masks.

The Registered Provider was also reminded of the requirement for staff to comply with 'bare below the elbow' approach for effective infection control. In addition we recommended that staff should be encouraged to change in and out of work clothes at the start and end of every shift.

During the inspection we raised concerns about the office space on the wards. Staff were congregating in the office areas which are small confined areas, and as a result there was no compliance with social distancing measures. The Registered Provider must ensure that COVID-19 risk assessments are in place for office areas to ensure that social distancing requirements are complied with.

In addition we also observed staff preparing drinks and consuming food in the staff ward office. The Registered Provider must ensure staff consume food and drink in a suitable environment and have breaks off the wards to consume food.

We also advised the Registered Manager that the following actions are taken to enable more effective cleaning:

- Advised to de-clutter offices to facilitate quick and effective cleaning
- Cleaning schedules for workstations should be introduced
- Cleaning schedule should reflect twice daily cleaning of communal areas (Sitting and shared toilet and bathroom areas)

- Cleaning products such as wipes or spray is available in staff areas to promote easy cleaning and decontamination.

Improvement needed

The Registered Provider must make sure that:

- Staff comply with Welsh Government guidelines in relation to wearing of face masks
- Staff comply with social distancing measures whilst in the car park
- PPE donning and doffing and good hand hygiene technique posters are displayed in the hospital.
- Staff comply with 'bare below the elbow' requirements
- Staff comply with social distancing measures in the office areas
- No food or drink is consumed in staff office
- Office areas have risk assessments in place to reflect maximum staff numbers
- Office areas are decluttered
- Cleaning schedules for work stations and communal areas are introduced
- Cleaning products are available in staff areas.

Monitoring the Mental Health (Wales) Measure 2010: Care planning and provision

We reviewed the care plans of a total of four patients.

The Care and Treatment Plans reflected the domains of the Welsh Measure with measurable objectives and were regularly reviewed. Individual Care and Treatment Plans drew on the individual young person's strength and focused on recovery and independence. These were developed with members of the multi-disciplinary team.

The following positive observations were identified since the last inspection

- Care plans contained more details since our last visit

- Wound care plans were more detailed and comprehensive.

However further improvements are still required. During review of one patient's care and risk assessment documentation we noted an incident where the patient had attempted to tie a ligature. Following the incident the patient had agreed to be placed in anti-ligature clothing, however, the patient's "twenty-four hour observation record", risk assessment and care plan had not been updated following the incident. The delay in updating these documents means that patient risk assessments may not accurately reflect the risk posed by the individual patient from a live perspective.

As highlighted in the above managing risk section of this report, our concerns regarding care plans were dealt with under our immediate assurance process. This meant that we wrote to the Registered Provider immediately following the inspection because a care plan reviewed did not adequately address identified risk areas for a patient with self-harm behaviours. Details of the immediate improvements we identified are provided in Appendix B.

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 staff were committed to providing patient care to high standards and throughout the inspection were receptive to our views, findings and recommendations.

Governance and accountability framework

There was dedicated and passionate leadership from the ward managers, who were supported by committed ward teams. On the whole, staff spoke positively about the leadership and support provided by the ward managers on each ward, along with good support between wards.

We found a friendly, professional staff team who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and appeared knowledgeable about the care needs of patients they were responsible for.

It was positive to hear that since our previous inspection, wound care plans had improved and some auditing and analysis around restraint had commenced. However the registered provider must ensure that its governance processes ensure there are adequate scrutiny and oversight of issues arising from internal audit and external review, such as HIW inspections, and that wider learning from these is applied, actioned and maintained.

Improvement needed

The Registered Provider must ensure that governance and audit arrangements are adequately embedded throughout the hospital.

Workforce planning, training and organisational development

We observed good team working on the wards. It was positive to hear the impact and significant benefit that disciplines including psychology, occupational therapy and activities co-ordinators were having on the patient group.

Staff told us that there were a number of patients who required nasogastric (NG) feeding. Staff described this as being quite resource intensive and told us that not many staff were trained in this technique. The Registered Provider must make sure there are sufficient numbers of staff trained to meet the needs of the patient group.

Improvement needed

The Registered Provider must make sure there are sufficient numbers of staff trained to meet the needs of the patient group.

Workforce recruitment and employment practices

We reviewed the staffing establishment at Regis Healthcare against that stated within their Statement of Purpose. It was positive to note that the multi-disciplinary team was well established. The records we reviewed and conversations with staff demonstrated that collaborative multi-disciplinary team working was in place.

The staffing levels appeared appropriate to maintain patient safety within the hospital unit at the time of our inspection. It was positive to note that there was a dedicated Night Co-ordinator who in charge of the hospital on each night shift. This role provided leadership and support for ward staff. The Night Co-ordinator that we met with on the first night of the inspection was able to provide essential information regarding the hospital staffing and patient group. This evidenced that there was clear oversight of the hospital's operation at night.

Staff told us that the hospital management team were approachable and visible. Staff we spoke with told us they had confidence to speak with management if they needed to raise issues or concerns.

We reviewed the mandatory training, supervision and annual appraisal statistics for staff at the hospital and found that completion rates were generally high.

The areas of improvement identified in the “Delivery of safe and effective care” section of this report, highlight the need for improvement in audit and governance regarding care planning and the practice and recording of restraint incidents.

However it was positive and reassuring to see that the registered provider, since our last inspection, had started to implement processes to capture accurate and detailed analysis of restraints data. It is important that further consideration should be given to ensuring that there are more effective and proactive arrangements in place at the service to monitor compliance with relevant regulations and standards. Whilst no specific recommendation has been made in this regard, the expectation is that there will be evidence of a notable improvement in this respect at the time of the next inspection.

3. 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, measurable, 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.

4. How we inspect independent mental health services

Our inspections of independent mental health services are usually 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.

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 mental health services will look at how services:

- Comply with the [Mental Health Act 1983](#), [Mental Capacity Act 2005](#), [Mental Health \(Wales\) Measure 2010](#) and implementation of Deprivation of Liberty Safeguards
- 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 mental health services.

Further detail about how HIW inspects [mental health](#) and [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.

All immediate Concerns were dealt with under our immediate improvement plan outlined in Appendix B

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Please refer to Appendix B for Immediate Improvement Plan			

Appendix B – Immediate Improvement plan

Service: Hillview Hospital
Ward/unit(s): Brenin , Ebbw and Ty Seren Wards
Date of inspection: 23 – 24 February 2021

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.

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
<p>The registered provider must provide assurance that comprehensive and robust risk assessments and care planning documentation are in place for the patient on Ebbw Ward who attempted self – harm. The patient’s record had not been updated to reflect the current risk.</p> <p>Patients’ documentation must, at all times, adequately identify risks and provide a robust framework for staff to manage those risks and care for patients safely and effectively</p>	<p>The service is non-compliant with Regulation 15 (1) (a) (b) and (c) of the Independent Health Care (Wales) Regulations 2011 regarding quality of</p>	<p>Feedback from HIW inspectors has been shared with the hospital team. All staff have been informed and are required to update Risk Assessments and Care Plans within the shift pattern when clinically safe to do so. This will be re-iterated at all handovers and clinical supervision. After each incident, the Nurse in Charge and supporting Registered Nurse will update the young person’s care documents when they</p>	<p>Ashburn Svinurai</p>	<p>01/03/21</p>

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
	treatment and other services provided	<p>have resolved the incident and ensure all the young people are safe.</p> <p>The unit coordinator, nurse in charge or the on-call Manager will ensure and prompt staff to update care documents</p>		
<p>The Registered Provider must demonstrate that restraints are undertaken for the shortest possible time and staff have regularly evaluated, during the restraint, whether this could have ended earlier. The further information requested must provide comprehensive analysis which documents and captures the descriptive detail and context around time of restraints.</p>	<p>The service is non-compliant with Regulation 15 (1) (a), (b) and (c) and Regulation 16 (2) (b) of the Independent Health Care (Wales) Regulations 2011 regarding safeguarding and the quality of treatment and other service provision</p>	<p>The provider, Regis Healthcare Ltd – RHL (Hillview Hospital) has engaged with comparable services to try to benchmark the levels of restraints in CAMHS LSU services. Hillview hospital in its bid to continually ensure that restraints are proportionate, are part of the young person’s care plan and are always used as the last resort have committed circa £20000.00 in the training of our own staff to become train the trainers who have started training staff from the hospital service.</p> <p>The values of RHL (Care, Compassion, Courage, Communication, Commitment and Competence) are central to their delivery of the training which re-emphasises “de-escalation before hands-on every time.” The trainers will champion and role model the reduction of restraint by also using Positive</p>		

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>behaviour support knowledge/skills. They will be ward based when they are not tutoring and training others which will further help with embedding practice and culture. They will be exemplary role models and role model/promote the use of verbal interventions.</p> <p>Recent data from restraints in Hillview Hospital (RHL) has seen a month on month decrease in the number of restraints in the hospital with the RHL looking to further decrease the occurrences. RHL has also been noted to use very low amounts of “chemical restraints” and will continue to monitor this trend so as not to rely on “chemical restraints”.</p> <p>The team at Hillview Hospital work hard to ensure that if hands-on are required it is the last resort and done for the least amount of time whilst ensuring that safety, privacy and dignity is maintained at all times.</p> <p>The incident review forms which staff complete during each incident contain a</p>		

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>section whereby they are required to enter which interventions are used during the incident to reduce the Young Person's level of distress. The form allows staff to indicate techniques used prior, during and post incident, the successfulness of them and duration used. This provides the team with increased data to monitor the effective strategies used with each Young Person which are then fed back to the wider team. The ability to log pre, during or post "incident" information has recently been added to provide further data to support the young person and the care team.</p> <p>In addition, the care team work to a '9-minute rule' for incidents where hands-on are required to maintain safety of a young person. The '9-minute' rule involves the team supporting the Young Person to review the necessity of the safe-hold every 9 minutes whilst working to release holds at this time. If it is deemed clinically necessary to Staff (mainly the Nurse in Charge/ "incident lead"). Staff are also</p>		

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
		<p>required to carry out “post restraint de-briefs” with the young person to ascertain their experience of the restraint and to learn from it. There is a mandatory section to be completed with the rationale for this for each hold. The rationale for this is reinforced to staff during induction training, additional training sessions, handover, and morning meetings and in care plans. Staff (mainly the Nurse in Charge) are also required to carry out “post restraint de-briefs” with staff so as to reiterate good practice and to learn from each other on how they could have carried out the restraint to facilitate a better experience for the young person and the staff team.</p> <p>During the HIW inspection in February 2021, the team provided a lot of data to the team regarding restraints/safe-holds and the narrative surrounding them. As noted above, as part of the incident review forms there is a mandatory section for staff to record other interventions</p>		

Description of non-compliance / Action to be taken	Regulation/ Standard	Service action	Responsible officer	Timescale
		Regis Healthcare Ltd has also started a Restraint/Least Restrictive Practice Newsletter which will be published on a 2 monthly basis so as to inculcate a culture of “least restrictive” behaviours and practices		

Appendix C – Improvement plan

Service: Regis Hillview Hospital

Ward/unit(s): Brenin, Ebbw, Ty Seren Wards

Date of inspection: 23 – 24 February 2021

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
Delivery of safe and effective care				
The Registered Provider must ensure that staff comply with Government guidelines in relation to the wearing of face masks.	13. Infection prevention and control (IPC) and decontamination	Hillview Hospital works to ensure that we are compliant with the Government guidelines in relation to the wearing of PPE face masks by all staff members. Upon arrival at the hospital, all staff and visitors are met by the COVID warden(s) who remind them of the PPE face requirements of the service (masks	Covid wardens	05/04/2021 (ongoing)

		<p>available at reception). Masks are mandatory within all areas of the premises. As part of their role the COVID warden(s) carry out regular checks throughout the hospital to ensure compliance with PPE face masks. Non-compliance is noted and reported to the senior team, repeated non-compliance is managed via HR policy and procedures.</p> <p>In addition, there are posters reminding staff that PPE face masks must be worn by all staff whilst on Hillview Hospital premises and the correct procedure of how to wear them.</p>		
<p>The Registered Provider must ensure that PPE donning and doffing and good hand hygiene posters are displayed in the hospital.</p>	<p>13. Infection prevention and control (IPC) and decontamination</p>	<p>Hillview Hospital has hand sanitising stations located at regular intervals throughout the hospital, all of which accompanied by the necessary signage. In addition, there is signage and reminders sent to the staff team reminding them of the correct 'donning and doffing' procedure in relation to PPE equipment.</p>	<p>Lee Davies</p>	<p>05/04/2021 (ongoing)</p>

		Additional yellow pedal bins have been ordered to further ensure compliance with infection control protocol with the 'donning and doffing' of PPE.		
The Registered Provider must ensure that staff comply with 'bare below the elbow' requirements.	13. Infection prevention and control (IPC) and decontamination	<p>It is clearly stated within Hillview Hospitals' 'Infection Control Policy' of the 'bare below the elbow' requirements. This has been re-distributed to staff, along with additional posters, memorandums and guidance reminding staff of its necessity.</p> <p>It has been added to the COVID-19 risk assessment documents, of the 'bare below elbow' requirements.</p>	Ashburn Svinurai	05/04/2021 (ongoing)
The Registered Provider must ensure that staff comply with social distancing measure in office areas	13. Infection prevention and control (IPC) and decontamination	<p>Hillview Hospital is working with the staff team to ensure compliance of social distancing in office spaces and Hospital Grounds.</p> <p>Reminders have been sent to all staff stating the importance of social distancing in-line with the COVID-19</p>	Lee Davies and the Covid warden team	05/04/2021 (ongoing)

		<p>regulations. Signage has been implemented on all office area doors clearing stating the maximum number of staff who can be in the space at any one time.</p> <p>All visitors are reminded of the need for social distancing and locations for visits are adequately sized to ensure social distancing can be maintained.</p>		
The Registered Provider must ensure that staff do not consume food in staff office.	13. Infection prevention and control (IPC) and decontamination	<p>Hillview Hospital has reminded all staff that no food is to be consumed in the nursing stations. This has been communicated to staff via the staff messaging platform (Tanda) and also posters in the areas reminding staff.</p> <p>The Senior Management Team completes regular 'walk-around' checks to ensure that Nursing stations are free from clutter and food. In addition, the COVID wardens carry out regular checks in order to monitor this.</p>	Ashburn Svinurai, Lisa Thomas Gray	05/04/2021 (ongoing)

<p>The Registered Provider must ensure that offices have risk assessments in place to reflect maximum safe staffing numbers.</p>	<p>13. Infection prevention and control (IPC) and decontamination</p>	<p>Hillview Hospital have reviewed and updated the service COVID-19 risk assessments to ensure they meet the necessary requirements.</p> <p>Appropriate signage has been displayed on all office doors reminding staff of the maximum safe numbers in each room.</p> <p>The service Health and Safety lead along with the Senior Management Team carry out regular 'ward-arounds' in order to ensure these are being adhered to.</p>	<p>Lee Davies</p>	<p>05/04/2021 (ongoing)</p>
<p>The Registered Provider must ensure that office areas are decluttered.</p>	<p>13. Infection prevention and control (IPC) and decontamination</p>	<p>As part of the review and updating of the COVID-19 risk assessments, staff were reminded of the necessity of decluttering office spaces. In addition, further appropriate signage has been displayed reminding staff of the necessity of decluttering office spaces.</p>	<p>Ashburn Svinurai, Lee Davies</p>	<p>05/04/2021 (ongoing)</p>

		The service Health and Safety lead along with the Senior Management Team carry out regular 'ward-arounds' in order to ensure these are being adhered to.		
The Registered Provider must ensure that cleaning schedules for work stations and communal areas are introduced.	13. Infection prevention and control (IPC) and decontamination	<p>As part of the review and updating of the COVID-19 risk assessments, staff were reminded of the necessity of regularly cleaning office spaces. In addition, further appropriate signage has been displayed reminding staff of the necessity of cleaning work stations and communal areas.</p> <p>Office and communal areas have been provided with additional cleaning materials and cleaning schedules have been introduced. This has also been added into the Housekeeping and Maintenance policy and schedule.</p> <p>The service Health and Safety lead along with the Senior Management Team carry out regular 'ward-arounds' in order to ensure these are being adhered to.</p>	Housekeeping	05/04/2021 (ongoing)

		In order to ensure compliance with the COVID-19 risk assessments and the above points, Hillview Hospital has stopped staff members 'hot-desking' and are reminding staff of their responsibility to clean the work areas. Additional signage has been displayed reminding staff of this.		
The Registered Provider must ensure that cleaning products are available in staff areas.	13. Infection prevention and control (IPC) and decontamination	<p>All work stations and communal areas have a supply of antibacterial cleansing surface wipes and receptacles for safe disposal of these.</p> <p>Staff are aware of where additional supplies are located should they be required. Additional signage of reminding staff to clean their workstation and the cleaning schedule has also been Implemented.</p>	All Staff, and the housekeeping team.	05/04/2021 (ongoing)

Quality of management and leadership

<p>The Registered Provider must ensure that governance and audit arrangements are adequately embedded throughout the hospital.</p>	<p>1 Governance and accountability framework</p>	<p>An audit calendar is in place to review the processes and clinical documentation throughout the hospital. In addition, robust care plan audits are carried out twice a week and automated alerts (with escalation processes inbuilt) are set to ensure compliance with documentation. The team is dedicated to ensuring that these processes are embedded throughout the hospital.</p> <p>The team at Hillview Hospital promote that audits are everyone's responsibility; these duties are shared amongst the team to further embed them into the services culture</p> <p>The services Clinical audit policy is currently being reviewed to ensure the necessity and rationale for audits are instilled into the framework of service</p>	<p>Lisa Thomas Gray</p>	<p>05/04/2021 (ongoing)</p>
<p>The Registered Provider must make sure there are sufficient numbers of staff trained to meet the needs of the patient group.</p>	<p>25. Workforce planning, training and</p>	<p>Regis Healthcare's HR department have been very successful in a long running recruitment campaign and ensure that all</p>	<p>Deborah Fry</p>	<p>05/04/2021 (ongoing)</p>

	organisational development	<p>new staff complete a mandatory 2 week induction programme which includes, professional boundaries, PMVA, health and safety, safeguarding, eating disorders, paediatric / emergency first aid at work, hospital security, equality and diversity.</p> <p>The hospital's learning matrix is used to record completed training for staff. The hospital is in the process of securing an e-learning provider to strengthen our training provision through a blended learning approach.</p> <p>We have 4 in house trainers with the ability to provide NG Tube Training to Nursing Professionals. At present we have 10 Nursing staff trained to deliver NG Tube Feeding. We aim to further roll out our NG Tube Training programme to nursing staff by 30 April 2021.</p>		
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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): Ashburn Svinurai

Job role: Chief Operating Officer

Date: 06.04.2021