

Action Plan

Service Name:	St. Vincent's Hospice
Service number:	00040
Service Provider:	St. Vincent's Hospice Ltd
Address:	Meikle Corseford, Midton Road, Howwood, Johnstone, PA9 1AF
Date Inspection Concluded:	12 August 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must ensure that all staff follow national infection prevention and control guidance for the safe management of linen and clinical waste (see page 24).</p> <p>Timescale – immediate</p>	An immediate review of SVH Infection Prevention and Control training has taken place. We are satisfied that the content is compliant with the National Guidance on the safe management of linen and clinical waste.	Immediate and Completed	In Patient Unit Manager
	Immediate review of Standard Infection Prevention and Control quarterly audits demonstrates compliance.	Immediate and Completed	Quality Improvement and Patient Safety Facilitator
	Quality Improvement and Patient Safety Facilitator/IPU Manager will carry out regular audits regarding the safe management of linen and clinical waste.	Immediate and Ongoing	Quality Improvement and Patient Safety Facilitator/IPU Manager

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<p>Recommendation a: The service should review who has been nominated as the designated whistleblowing champion and ensure that all staff are aware of who this is (see page 13).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the people who support and care for me. Statement 3.20</p>	<p>The review of the Whistleblowing Policy took place in August 2024. Further review of the designated Whistleblowing Champion will take place during our Board cycle.</p> <p>Staff will then be made aware of the identity of the Whistleblowing Champion through internal communications.</p>	<p>November 2024</p> <p>December 2024</p>	<p>Board of Trustees</p> <p>Director of Care and Quality</p>
<p>Recommendation b: The service should ensure an induction programme is consistently completed for all new staff (see page 19).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.24</p>	<p>All new staff since 2022 have completed Corporate Induction. This responsibility lies with line managers.</p> <p>Regular audit work on HR documentation will be carried out to ensure induction programmes are consistently carried out.</p>	<p>Completed</p> <p>December 2024</p>	<p>Support Services Manager</p> <p>Support Services Manager</p>

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<p>Recommendation c: The service should ensure that environmental checks are documented (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>	<p>The Housekeeping Team currently documents all environmental checks electronically. The Maintenance Supervisor routinely checks these and discusses any anomalies identified – this is also routinely documented.</p> <p>Spot checks carried out by the Maintenance Supervisor; however, are not routinely documented. Documentation to record this will be put in place immediately.</p>	<p>Completed</p> <p>October 2024</p>	<p>Support Services Manager</p> <p>Support Services Manager</p>
<p>Recommendation d: The service should ensure that consent to treatment and to share information is clearly documented and easily accessible to all clinical staff in the new electronic record keeping system (see page 25).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11</p> <p>This was previously identified as a recommendation in the August 2021 inspection report for St. Vincent’s Hospice.</p>	<p>Consent to treatment and to share information is now clearly highlighted in the alert box on the current patient electronic system.</p> <p>We will ensure an easily identifiable area for this to be recorded on the new patient electronic system.</p>	<p>Completed</p> <p>December 2024</p>	<p>Director of Care and Quality</p> <p>Director of Care and Quality</p>

Name	Susan McCallum
Designation	Director of Care and Quality
Signature	<i>Susan McCallum</i>
Date	01 / 10 /2024

In signing this form, you are confirming that you have the authority to complete it on behalf of the service provider.

Guidance on completing the action plan.

- **Action Planned:** This must be a relevant to the requirement or recommendation. It must be measurable and focussed with a well-defined description of how the requirement/recommendation will be (or has been) met. Including the tasks and steps required.
- **Timescales:** for some requirements can be immediate. If you identify a requirement/recommendation timescale that you feel needs to be extended, include the reason why.
- **Person Responsible:** Please do not name individuals or an easily identifiable person. Use Job Titles.
- Please do not name individuals in the document.
- If you have any questions about your inspection, the requirements/recommendations or how to complete this action plan, please contact the lead inspector for your inspection.

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