

Action Plan

Service Name:	St. Andrew's Hospice
Service number:	00038
Service Provider:	St. Andrew's Hospice (Lanarkshire)
Address:	1 Henderson Street, Airdrie, ML6 6DJ
Date Inspection Concluded:	29-30 January 2024

Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Requirement 1: The provider must maintain a system of review of risk assessments to ensure a safe service (see page 21).</p> <p>Timescale – by 25 March 2024</p>	<ul style="list-style-type: none"> • Review process put in place <ul style="list-style-type: none"> ◦ Alert system put in place to remind those responsible that a risk is due for review • Education sessions re risk planned for staff • Risk register reviewed at Senior Management Team meetings • Clinical risk reviewed at Clinical, Risk, Audit and Quality Committee meetings • A continuous improvement approach applied to risk management 	Immediately	Deputy CEO/Head of Clinical Services

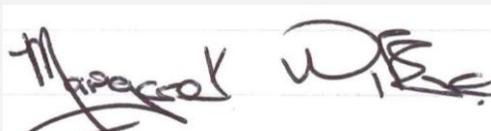
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Produced by: IHC Team	Page:1 of 3	Review Date:
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Requirements and Recommendations	Action Planned	Timescale	Responsible Person
<p>Recommendation a: The service should ensure consent to share information with next of kin and or relatives and consent to treatment is recorded consistently in all patient care records (see page 24).</p>	<ul style="list-style-type: none"> • Reviewed location of consent recording within patient electronic record. Placed at beginning of assessment so that clinician sees and responds • Adherence to consent process and recording of consent monitored, audited and reported via governance meetings • Issues with recording of consent identified quickly and resolved (regular reporting from system) • Education sessions planned 	<p>Immediately</p> <p>Immediately</p> <p>Immediately</p> <p>Within 3 months</p>	<p>Deputy CEO/Head of Clinical Services</p>
<p>Recommendation b: The service should comply with national guidance to make sure that the appropriate cleaning products are used for the cleaning of all sanitary fittings, including clinical wash hand basin (see page 24).</p>	<ul style="list-style-type: none"> • Cleaning products updated with immediate effect • Audit underway to measure against National Guidance • Regular audits and reporting through governance structure in place 	<p>Immediately</p>	<p>Deputy CEO/Head of Clinical Services</p>

Name

Margaret Wilkie

Designation Deputy CEO/Head of Clinical Services



12 / 03 /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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