RUSHCLIFFE Independent Hospitals

Action Plan - Health Inspectorate Wales visit on 4th 5th & 6th November 2013

No	Regulation	Findings/Requirement	Action	Person Responsible	To be completed by	Status as at date of Action Plan
1.	Regulation 15 (1) (a) & (b) & (c)	a. There was no specific restraint care plan in place for patient A, despite their care plan on aggression mentioning the use of physical intervention if necessary.	Behavioural Management plan to be implemented by MDT with main focus on verbal de-escalation Care Plan to reflect management of patient	Consultant Psychiatrist Primary Nurse	Complete Completed	Registered Manager met with all Qualified Nurses, on an individual basis, to reflect and discuss the NMC guideline on Accountability and Responsibility and record keeping
		b. No risk assessments had been formulated by Rushcliffe for patient A (some were available from the Health Board)	Formulate and implement Rushcliffe patient specific risk assessments for patient	Consultant Psychiatrist MDT	Completed	Care Plan and MDT File audit documents in place Monthly Audit in place
		c. Patient A is diabetic and there was no care plan in place for this area.	Care plan to reflect medical condition in place	Primary Nurse	Complete	Ongoing
		d. The admission checklist for patient A had not been signed.	Signature section is added to document	Registered Manager Primary Nurse	Completed	Care planning Training has been delivered to individual Primary Nurses.
		e. Pain was clearly an issue and identified for patient B in his notes. However, there was no pain risk assessment and specific care plan on pain available.	Care Plan to reflect the pain control needs of patient. Pain Rating Tool in place	Consultant Psychiatrist	Complete Complete	Care plan/ Risk assessment training to be delivered to all Nurses by 30/01/14
		f. The HoNOS1 assessment for patient C identified depression as an issue, however there was no care plan in place for this.	Care Plan to reflect diagnosis needs of patient	Primary Nurse	Complete	Ongoing
		g. The care plans for patient C lacked detail and need to be developed further.	Detailed Care Plans to reflect current needs in place	Primary Nurse Ward Manager	Completed	Ongoing
		h. There was no discharge plan in place for patient C.	To ensure Discharge plan accessible in MDT file	Ward Manager	Complete	Ongoing

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2.	Regulation 15 (5) (a) & (b)	a. Oramorph2 had only the label on the box and not the bottle.	Label to be evident on all medication	Ward Manger	Completed	Ongoing Audit system in place
			Lloyds Pharmacist to understand Hospital requirements on labelling of medication	Ward Manager	Completed	Ward Manager met with Pharmacist on 21/11/13 to explain Hospital requirements. New system in place to ensure medication is labelled.
		b. Instructions on the prescription sheet were ineligible.	For psychiatrist to ensure clear hand writing on all legal documentation	Consultant Psychiatrist	Completed	Ongoing
		c. An error in the controlled drugs book was identified, in that on the 20th October 2013 an error in stock balance was identified. The error however had not been picked up on 5 separate occasions when this medication had been administered by a registered nurse. Therefore the stock cannot have been checked after each individual administration.	Ashton Pharmacy audit	Registered Manager	Completed	Recorded on handover document
			Stock and Register check on each handover by qualified staff	Ward Manager	Daily	Monthly Audit in place
			Qualified staff awareness of accountability and Responsibility with Medication	Registered Manager	Completed	The Registered Manager met with all nurses, on an individual basis and revisited nurse accountability and responsibility, as per NMC guidelines.
		d. No maximum dose identified for prn3 medication.	Maximum dosage to be evident on prescription charts,	Consultant Psychiatrist	Completed	Audit in place Ongoing

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		e. The systems for checking the oxygen are not clear and consistent. At ward level the checks were last completed on 4th September 2013.	Oxygen/clinic checks to be clear and consistent.	Ward Manager	Completed	Audit in place
		f. A cream (clotrimazole) for patient A had no label on it.	Label to be evident on all medication	Ward Manager	Completed	Ward Manager met with Pharmacist to explain Hospital requirements.
			Lloyds Pharmacist to understands Hospital requirements on labelling of medication	Ward Manager	Completed	New system in place to ensure medication is labelled.
		g. Leave medication for patients was being dispensed by nurses. This should be dispensed by the pharmacy.	Safe management of leave medication complete by Ashton Pharmacy	Registered Manager Ward Manager	Completed	This practice was stopped with immediate affect on 07/11/13. All leave medication is now ordered with Ashtons Hospital Pharmacy Service.
3.	Regulation 9 (o), 13 (1) & 19 (1) (a) & (b)	A review of the governance and audit processes is required to ensure they are fit for purpose.	Monthly Governance meeting	Director / Service Manager	Completed	Next meeting scheduled for 19/12/13
			Audit Group Meeting Monthly	Registered Manager	Completed	Ongoing
			Heads of Department meeting monthly	Registered Manager	Completed	Ongoing
			Review Hospital specific audit documentation	Registered Manager Ward Manager	30/01/14	Ongoing.

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4.	Regulation 15 (1) (a) & (b) 058/2	There was a lack of Mental Health Act 1983documentation at ward level. The organization must ensure that copies of applicable legal paperwork is available on the ward at all times so that staff can assure themselves that each patient is legally detained and therefore that staff can provide treatment under the authority of the Act.	Copies of Legal paperwork in patient MDT file at ward level are accessible	Mental Health Act Administrator / Registered Manager	Completed	Monthly Audit in place
5.	Regulation 20 (1) (a) & (2) (a) & (b)	Completion rates for staff training need to be improved; too many staff were awaiting mandatory training, specifically protection of vulnerable adults (POVA).	All Training to be facilitated within a set schedule for all employees.	Training Centre Manager Operational Director	30/01/14	Ongoing Training system at Rushcliffe Hospital under review. Rushcliffe Training Centre is now responsible for ensuring all employees have a timed schedule for mandatory training (2014 onwards).
6.	Regulation 20 (1) (a) & (2) (a) & (b)	Staff supervision requires attention. Some staff had large periods between sessions of 3-5 months. To obtain your commitment of at least 6 sessions per year you must address the long periods without an appropriate supervision session.	To ensure staff receive supervision in a timely manner	Ward Manager Registered Manager	Completed	Supervision Matrix in place. Monthly Audit in place
7.	Regulation 20 (1) (a) & (2) (a) & (b)	There was no training in the protection of children for staff. Training in child protection must be facilitated.	Child Protection Training to be facilitated within a set schedule for all employees	Training Centre Manager Operational Director	30/01/14	Ongoing Training system at Rushcliffe Hospital under review. Rushcliffe Training Centre is now responsible for ensuring all employees have a

						timed schedule for mandatory training.