



Assurance Plan
Llanarth Court Hospital – Partnerships in Care

Assurance Plan following HIW Visit to Llanarth Court Hospital on the 2nd, 3rd, 4th and 5th June 2014.										
Ref	Issue	Comments	Action	Progress/ Assurance	Evidence	Lead	Time Line	Outcome	Monitoring Progress	RAG Action
1	An urgent review of staffing numbers is required to ensure sufficient staffing is available for Awen ward. On the night of our initial visit (2 nd June) there was insufficient staff to ensure that in the event of a significant incident, for example a restraint, that staff would be able to respond efficiently and effectively. Staffing was identified as an issue in July 2013 (point 1) and requires urgent action.	Since the last HIW visit in July 2013 we have increased the amount of Registered nurses by night and we have employed two night support workers to support the Night Co-ordinators. On the night of the HIW visit on the 2 nd /3 rd June, the hospital was extremely busy with several patients requiring enhanced observations. Staff sickness had been reported in the late afternoon of 2 nd June which had resulted in the 2 nd qualified nurse being utilised on another ward.	An immediate review of numbers of staff at night and how they are utilised will be taken by the establishment. This review will focus on each wards capability to meet patient need at night. Each ward will have enough staff on duty to ensure their own ward is safe in relation to numbers of staff if they need to respond to an incident on another ward We will advertise for two registered nurses to work alongside the	Immediately after the visit we agreed to increase our bank staff and we will continue to increase numbers of staff to ensure that patient need at night is met. We will continue to recruit to any nursing vacancies Advertise for two Registered Nurses for nights to join the Night co-ordinator and the Night co-ordinator assistant	Analysis of staffing levels recorded on the daily handover sheet. Staffing levels will be recorded and kept to evidence staffing levels both on day shifts and night shifts across each ward of the hospital	Registered Manager	Ongoing recruitment to bank Ongoing recruitment to vacant posts Recruitment of two extra registered nurses at night by 31/08/2014.	There will be an increase in bank staff that will allow for more staffing to be available at night at times of increased observations and to respond to significant incidents. We will fill any nurse vacancies We will have a team of three staff instead of two at night to support the wards The two extra registered nurses will also have a remit for helping with nursing audits.	The Registered Manager and the Lead Nurse will ensure that there are enough staff on duty at all times. The Registered Manager will closely monitor vacancies and the appointment of the two registered nurses at night.	



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			night co-ordinator and the night co-ordinator assistant.							
2	There were insufficient registered nurses available on the night/early morning of our visit on the 2nd and 3rd June. This meant that there were some occasions when there was no registered nurse on a ward when staff breaks were being taken. Every ward must have a registered nurse available at all times of the day and night.	Since the last HIW visit in July 2013 we have increased the amount of Registered nurses by night. On the night of the HIW visit on the 2 nd /3 rd June, the hospital was extremely busy with several patients requiring enhanced observations. Staff sickness had been reported in the late afternoon of 2 nd June which had resulted in the 2 nd qualified nurse being utilised on another ward. We will ensure that there is a registered nurse on each ward at all times	We will employ two registered nurses by night to join the night co-ordinator and the night co-ordinator assistant this will allow for a team of three to be supernumerary to help with supporting staff on the wards at night and to help facilitate staff breaks at night. We will continue to recruit to our nursing bank and our nursing vacancies to ensure we have enough staff to cover any shortfalls. With immediate	Following the HIW visit in July 2013 we recruited two HCW, s into the position of Night Care Support Workers. We will now add two registered nurses to work alongside the Night co-ordinator and the night co-ordinator assistants to help cover the hospital at night No ward will be without a registered nurse at any time during a shift.	Two registered nurses will be supernumerary by nights There will be an increase in the nursing bank staff availability Nursing rotas will evidence sufficient nursing staff on duty both day and night A register of missed breaks will be recorded and the reasons why Monthly unannounced spot checks by	Registered Manager Registered Manager	This was discussed at the Llanarth Court Senior Management Team meeting 23/06/2014. This was discussed in a meeting with the CEO for PIC 25/06/2014 and it was agreed to recruit two additional registered nurses that will be supernumerary to core numbers at night.	Two registered nursing staff will be in place at night to help with cover for registered nurse breaks at night as soon as it is possible to recruit There will be a Registered nurses on each ward at all times	A weekly update on recruitment to the Registered Manager by the HR Department . A monthly update of the assurance plan to HIW.	



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2 con td			effect the practice of a registered nurse being called on to support a ward where the registered nurse of that ward is on a break will stop. This has been communicated to all night staff and the night co-ordinators		Senior nurses at night to review practices and to talk to staff have commenced.		31/07/2014			
3	The staffing rota on Awen was difficult to follow and it was impossible to ascertain how many staff were on duty because it failed to list agency and bank staff. The staff rota must contain a full and accurate list of all staff working on each ward of the hospital.	HIW expressed concerns that the rota used at Llanarth Court Hospital was too complicated and the reviewers found it difficult to find what staff and what clinicians were on duty each day/shift	An immediate review of the rota system being utilised at Llanarth Court Hospital will be undertaken, and as a result all clinical staff on duty on a ward for a specific day or night will be recorded on the rota.	We will review our rota system and ensure that it is easy to observe what staff and what clinicians are on duty at any time on a specific ward. All charge nurses informed on the 6 th June 2014 that all clinical staff on duty must be recorded on the	Rotas	Registered Manager Registered Manager	31/07/2014	All nursing and clinical staff on duty will be recorded on the Rota on each ward	The Registered Manager and the Lead Nurse will hold monthly Rota meetings with the Charge Nurses The Lead Nurse will review rota management as part of managerial supervision with the Charge Nurses	



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				ward rota Meeting with Clinical heads of department to discuss inclusion on rota		Registered Manager	31/07/2014			
4	The redeployment of staff from other wards to Awen was having a significant impact on the programme of activities and staff and patient morale.	When incidents occur other wards are expected to respond to assistance calls. Following the HIW visit in July 2013 the number of staff was increased by day to facilitate activities and to respond to assistance calls when required. There will be occasions when the hospital is very busy and staff have and will be needed to be utilised to support other wards. When this happens the hospital will ensure it has the least impact on activities and on staff and patient morale All sessions and	A review of the impact of redeployment of staff will be undertaken at LCH. This will include discussions with both the patient and staff group about the impact redeployment has on them and to discuss any solutions they may have in lessening the impact A review of sessions cancelled will be undertaken by Llanarth Court.	The Registered Manager will meet with the Therapy Administrator and explain what is required. Completed review will be included in HIW action plan update	Update HIW action plan following review Cancelled and postponed activities recorded on electronic patient records and clinical dashboards	Registered Manager Registered Manager	31/07/2014 31/07/2014	Less impact on the wards when redeployment of staff is needed Monitoring of all sessions offered, accepted and cancelled or postponed	Monthly monitoring of all sessions by clinical departments and the therapy administrators using the clinical dashboards. Will monitor progress through discussion in the monthly staff communication group.	



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4 con td		section 17 leave are recorded on the electronic patient records at Llanarth and monitored including reasons as to why sessions or leave is postponed or cancelled							Each morning in the morning handover when discussing referrals and discharges	
		Staff are currently responding to assistance calls to help Awen staff manage some high acuity female patients	A review on how other clinical staff can support the wards at times when staff have been redeployed	Meeting with clinical Heads of Department 1 st July	Updated HIW action plan	Registered Manager	31/07/2014	Following the meeting with the Clinical Heads it was agreed that other clinical staff will be able to support the wards when nursing staff need to be redeployed		
			As well as the above we need to move two of the female patients from Awen to environments more suited to their high acuity	Gatekeeping assessments arranged. Awen MDT are in discussion with Commissioners to look at suitable placements	Written reports and updated HIW action plan	Registered Manager	High secure assessment for female secure patient will be taking place 25/07/2014.	Two high acuity female patients moved from Awen. Patients will be moved to an environment suitable for their needs		



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5	There was no documented induction available for agency nurses/care support workers. All staff must have a documented induction undertaken before commencing work at the hospital.	Agency staff to receive information about the hospital via the agency they work for. All Agency have a ward induction, However the hospital acknowledges the issue raised by HIW that there is no documented induction available.	An induction booklet for Agency staff will be developed	An Induction booklet will be in use for agency staff	A copy of the agency Induction booklet held in nursing administration department for every agency member of staff utilised within the hospital.	Registered Manager	31/07/2014	Each Agency nurse will complete an induction booklet the first time they work at Llanarth Court Hospital	The Nursing Administration department will ensure that all agencies that are used by the hospital have a copy of the agency induction booklet. A database has been created to monitor what staff have received and completed the agency induction booklet and will be reviewed on a weekly basis by Registered Manager and Nursing Administration Manager.	



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6	There was insufficient information available for a number of agency staff regarding their skills and experience to confirm suitable employment checks had been undertaken. All staff working at the hospital must have suitable checks undertaken and the relevant experience and training.	The Hospital has an arrangement with the Agencies that for each member of staff they send us they must send information about the skills and experience and that suitable employment checks have been undertaken and that they have the relevant experience to work at the hospital	Agencies to send all required information on Agency staff utilised at LCH An immediate request to the Agencies to send us information on all the staff we use at Llanarth from their agency that includes pre-employment checks, skills and experience and completed training An immediate review of Agency staff information will be undertaken	Requested information from Agencies	Nursing administration department will hold the required information on all agency staff used at the hospital	Registered Manager	31/07/2014	Llanarth Court Hospital will hold all the information required for each Agency member of staff utilised within the hospital	A monthly audit to be completed by the nursing administration department to ensure that the department have all documentation required about the agency members of staff that have worked in the hospital. Agency staff will be checked to see if the nursing administration department has the required information of the agency member of staff prior to agreement for the Agency staff member to work at the hospital.	



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7	A review of the clinic on Awen ward was undertaken and the following areas were identified:									
7 A	On 31 st May 2014 a retrospective entry had been made for patient A (but had previously been signed for and witnessed).	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7a and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	Charge Nurses on each ward to inform all registered nurses that medication should be signed for after administration, not when dispensed.	All registered nurses have now been notified.	Email form Lead Nurse. Records of 1:1 meetings between Charge Nurses and Registered Nurses.	Registered Manager	01/07/2014	Completed Adherence to policies in relation to medication storage and medication administration	The Lead Nurse and the Registered Manager will monitor progress by evaluating weekly audits	
7b	Errors in the number of Mediknet 20mg in stock started on the 24th May and continued until 27th May 2014. Nine errors were not picked up by registered nurses administering the drug.	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7b and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	Charge Nurses on each ward will ensure that medication cards/ DLM books and Controlled drugs books are checked on a daily basis and any errors highlighted.	An e-mail was sent by the Lead Nurse to all registered staff making them aware of the issues raised by HIW Issues raised by HIW will be included in registered nurse managerial supervision in July 2014	E-mail July Managerial Supervision Records	Registered Manager	31/07/2014	Adherence to policies in relation to medication storage and medication administration	The Lead Nurse and the Registered Manager will monitor progress by evaluating weekly audits	



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7c	Further on going errors in the number of tablets in stock on 28th – 30th May 2014 and 2nd – 4th May 2014.	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7c and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	Each ward will have a nominated registered nurse that will be responsible for weekly clinic audits, including checking stock levels. However until the issues of ref 7 have been addressed the nominated person will be the Charge Nurses	On a weekly basis the Charge Nurses will submit their Controlled Drug Books and DLM books following the hospital morning handover to the Lead Nurse and / or the Registered Manager for review.	Completed Pharmacy and clinic audits, with action plans where appropriate	Registered Manager	31/07/2014	Adherence to policies in relation to medication storage and medication administration	The Lead Nurse and the Registered Manager will monitor progress by evaluating weekly audits and associated action plans	
7d	Staff had signed to state Concerta XL medication had been administered when it had not. The patient (B) refused the medication and the medication was put back in the medication container.	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7d and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	Each Month the Charge Nurse from the ward along with a Charge Nurse from another ward will complete the PIC clinic audit. A focussed Responsible Individual visit will shortly review all clinics at Llanarth Court Hospital	On a weekly basis the Charge Nurses will submit their Controlled Drug Books and DLM books following the hospital morning handover to the Lead Nurse and / or the Registered Manager for review.	Completed Pharmacy and clinic audits, with action plans where appropriate	Registered Manager	31/07/2014	Adherence to policies in relation to medication storage and medication administration	The Lead Nurse and the Registered Manager will monitor progress by evaluating weekly audits and associated action plans	



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7e	Medication records for patients D and C indicated a number of gaps within the administration record. There was no indication of whether the patients had received or refused the medication.	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7e and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	Each Month the Charge Nurse from the ward along with a Charge Nurse from another ward will complete the PIC clinic audit. A focussed Responsible Individual visit will shortly review all clinics at Llanarth Court Hospital	An e-mail was sent by the Lead Nurse to all registered staff making them aware of the issues raised by HIW Charge Nurses will have completed a comprehensive pharmacy audit and a clinic audit within the timeline requested by HIW	Completed Pharmacy and clinic audits, with action plans where appropriate	Registered Manager	31/07/2014	Adherence to policies in relation to medication storage and medication administration	The Registered Manager will meet monthly with the Lead Nurse to review Pharmacy and clinic audits and to review action plans for same	
7f	The registered provider must ensure all the areas identified are addressed and a comprehensive pharmacy audit undertaken for all the wards within 14 days of receipt of this report.	The Llanarth Court Senior Management Team fully acknowledge the comment raised in issue 7f and will ensure that the issue is addressed and that robust systems are in place for regular auditing and monitoring.	The Pharmacist employed by Lloyds pharmacy will produce pharmacy audits as agreed within the PIC/Lloyds contract. These audits will be reviewed and action plan developed	The completed pharmacy audit will be sent to the lead nurse who will meet to discuss same with the ward Charge Nurse and devise an action plan from the pharmacists findings this Action plan will	Clinical audits and action plan Report sent to HIW	Registered Manager	10/07/2014	Adherence to policies in relation to medication storage and medication administration	The Registered Manager will meet monthly with the Lead Nurse to review Pharmacy and clinic audits and to review action plans for same	



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				be sent to the registered manager RI visit taking place on 10 th July. A report will follow the Responsible Individual visit						
8	A number of decisions were arbitrary on a number of wards.									
8a	On Teilo ward de-caffeinated coffee was the only coffee allowed. Arbitrary decision making /blanket approaches was highlighted as an issue in July 2013 (point 10) and requires urgent action.	The Llanarth Court Senior Management Team accept the issue raised in ref 8 in relation to Teilo only being offered de-caffeinated coffee and will rectify this issue.	Individual risk assessments need to be in undertaken with patients on Teilo and reasons documented. This then needs to be communicated to the individual patient as to why they would not have access to caffeinated coffee	Individual risk assessments to commence	Caffeinated coffee available on Teilo	Registered Manager	31/07/2014	Patients that are not deemed to have any risks associated with the intake of caffeine in their coffee will be allowed to do so.	The Llanarth Court Senior Management Team will review progress report from the Teilo Charge Nurse on a monthly basis.	



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8b	On Treowen ward there was a restriction to the number of CD/DVDs patients could have within their bedrooms. Arbitrary decision making /blanket approaches was highlighted as an issue in July 2013 (point 10) and requires urgent action.	Following the HIW visit in July 2013, The Llanarth Court Senior Management Team met with the Patients' Council and asked them to talk to their peers on their wards and come up with an agreed number of CD/DVDs that could be safely kept in the storage provided in patients bedrooms. The Patients' Council came up with a figure of 40 DVDs/CDs to be kept in their bedrooms at any one time, as long as it was agreed that the patient could change the CD or DVD when they wanted to. The Llanarth Court Senior Management Team agreed with the Patients' Council and up to the time of writing this report are unaware of any concerns raised by the patient group. The issue in relation to	The Llanarth Court Senior Management Team will discuss the amount of CDs/DVDs to be kept by individual patients in the next Patient Council meeting and explore if there are any concerns re same	Details of the discussion about CDs and DVDs and outcome of same are recorded	Patient Council meeting minutes	Registered Manager	Patient Council meeting 07/07/2014	That patients at the hospital happy with the amount of DVDs and CDs they are allowed in their bedrooms at any one time	The Llanarth Court Senior Management Team will monitor progress as they will be present at the Patients Council meetings	

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		the CDs /DVDs was not raised during the feedback session to allow the hospitals management team to respond as above								
9	A significant number of staff had not undertaken updated training on the Mental Health Act 1983 and the Mental Capacity Act 2005.	The Llanarth Court Senior Management Team acknowledges the findings of HIW in ref 9 and will address this issue.	Mental Health Act 1983 including consent to treatment and Mental Capacity Act training will be delivered to all staff.	In the month of July Mental Health Act and Mental Capacity Act Training will be covered along with consent to treatment training in Managerial /clinical supervision for all clinical staff. These subjects are also taught on induction for new staff.	Managerial / clinical supervision records Training records	Registered Manager	31/07/2014 Ongoing	All staff will have received training in the Mental Health Act 1983. Consent to treatment and the Mental capacity act 2005	The Llanarth Court Senior Management Team will ask for monthly progress reports for all training to be produced by the Training department. The report will include an action plan to rectify any shortfalls in training	
10	There was a number of environmental issues noted on Teilo ward. These included an unpleasant odour, stained walls and the	The Llanarth Court Senior Management Team have recognised the need for Teilo ward to be refurbished and have plans to complete	A refurbishment of Teilo ward has been costed and agreed	The refurbishment of Teilo has been agreed and a time for completion has	A refurbished Teilo ward	Registered Manager	31/12/2014	A more pleasant environment for Teilo patients to live in	Monthly 1 to 1 meetings between the Maintenance Manager and the Registered	



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	carpets were marked and worn. In addition, the coffee machine/water dispenser were out of order. Teilo ward requires refurbishment and repair/replacement of the coffee/water machine.	this following work completed on the upgrades of Awen and Howell ICS areas. The coffee machine on Teilo will be replaced.	A replacement coffee machine for Teilo has been ordered	been agreed that it will be before end of this year Machine to be installed by the end of August 2014.	Coffee Machine in place.	Registered Manager	31/08/2014	For a coffee/water machine to be in place on Awen ward.	Manager Monthly 1 to 1 meetings between the Maintenance Manager and the Registered Manager	
11	The hospitals procedure for responding to complaints was not being adhered to. A number of complaints audited had no evidence that a letter explaining the reason for the delay was sent to the patient when the complaint was over 20 days. All complaints must be addressed within the identified timescales and if this is not possible patients	The Registered Manager and the Complaints Administrator have already met to discuss this issue in their weekly meetings. In future the complaints administrator will be able to evidence all letters sent to patients that have raised complaints including any letters sent to patients explaining as to why the 20 day time line has not been	The Complaints Administrator will send letters out to all patients to notify them if the complaint they raised cannot be resolved within a 20 day period and the reasons why.	The Complaints Administrator will continue to meet with the Registered Manager weekly to discuss complaints and will now draw his attention to any complaints that are likely to exceed 20 days	Letters sent to patients kept by complaints administrator	Registered Manager	Completed	If any complaint raised by a patient is going to exceed the 20 days to resolve the complaint, a letter will be sent to the complainant with an explanation as to why the 20 days have been exceeded	Continue with weekly meetings between the Registered Manager and the Complaints Administrator	



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	must have written confirmation regarding this.	adhered to.								
12	The availability of IT equipment was inadequate for the volume of usage by staff. Sufficient computers and IT equipment must be available on all wards. This issue was identified in July 2013 (point 12) and requires action.	Since the HIW visit in 2013 the hospital provided more printers in the hospital to allow access to a printer for all staff, as this was the issue identified in the July 2013 HIW visit. More computers have been made available for clinicians including nurses following the HIW visit in July 2013 Each ward has now got a Skype connection to allow patients to have contact with relatives	The hospital will continue to look at improving access to computers for all staff.	The IT lead will review access to, and the amount of computers accessible to clinical staff	More computer accessibility	Registered Manager	Ongoing	The availability of IT equipment will be adequate in relation to the volume of usage by staff	The Registered Manager and the IT lead for the hospital will meet and discuss IT needs for the hospital on a monthly basis.	
13	The tea and coffee area on Osbern ward did not have a sink unit in place and a bucket was being used to dispose of drinks that had not been consumed. This practice is completely	Prior to the visit by HIW a sink had already been ordered for Osbern.	Fit sink unit in Osberns' tea and coffee area	The Registered manager will provide regular updates to HIW The hospital maintenance department have supplied	On completion of the work, photographs of the completed work will be included in the updated action plan	Registered Manager	31/07/2014	Sink fitted in Osberns' tea and coffee area	The Maintenance manager is to provide weekly updates to the Registered Manager until sink has been fitted	



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	unacceptable and a sink unit needs to be installed.			the hot and cold pipework into the Activity Room next to the Dining Room ready to take through the wall for the sink to be fitted shortly						
14	A number of patients complained of difficulties in taking section 17 leave/activities due to staff shortages. The registered provider needs to facilitate an audit of leave not undertaken and provide HIW with a report.	Llanarth Court have robust systems in place to monitor the amount of section 17 leave taken and the amount of section 17 leave that has not been taken, and the reasons why this has not occurred. The hospital will audit section 17 leave taken or not taken and the reasons as to why leave was not taken.	Each ward to audit the amount of section 17 leave taken or not taken and the reasons as to why it was not taken from January 2014 until end of May 2014	An audit has been completed and has been sent to HIW.	The amount of Section 17 leave can be monitored on the Hospitals' electronic dashboards	Registered Manager	Audit submitted to HIW 01/07/2014	Section 17 leave will continued to be monitored and cancellations to section 17 leave will be discussed with both the patient and the MDT	Charge Nurses will monitor the amount of leave that is postponed or cancelled and report same to the Llanarth Court Senior Management Team.	
15	A number of staff and patients commented negatively on food, including the temperature, variety,	The temperature of food delivered to Treowen and other wards is recorded and kept for 3 months.	The Catering Manager will undertake a review of when the temperature of	The Catering Manager will discuss her findings with the Registered	Findings of the review will be included in the monthly updates of the HIW	Registered Manager	31/07/2014	Food temperature will be recorded prior to it being served, and will	Monthly meetings between the Registered Manager and the	



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	portion size and catering for various diets/needs. A review of the food served to be undertaken.	The Registered Manager will review this practice with the Catering Manager A review of portion size and choice for various diets/needs will be carried out.	food is taken in relation to the serving of the food to the patients on each ward. The Catering Manager will produce menus for patients that have various catering needs / diets.	Manager Since the HIW visit the Catering Manager has been taking delivery of Halal meat which has helped vary the diets for certain patients	action plan			be within the acceptable temperature range	Catering Manager will continue, and a review of food temperatures will be added to the agenda of their meeting Members of the Llanarth Court Senior Management Team will attend meetings of the Patients' Catering committee. The Registered Manager will monitor any food issues that have been raised through the Complaints Administrator	
16	Whilst the horticultural programme is to be commended its value would be greater with formal accreditation.	The service provided by the practical skills area was reviewed earlier this year and has been re-launched	The Horticulture and Craft Centre will continue to develop and be supervised by the	A review of progress to date will be undertaken and a report	A written report will be produced	Registered Manager	31/07/2014	Continue to offer sessions and activities appropriate to the patient group	Monthly meetings between Lead Occupational Therapist and	



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		as the Horticulture and Craft Centre. Programmes of activities have been devised by qualified Occupational Therapists, the patient group and the Horticultural and Craft Centre Technician, who before being appointed to his current position was the team leader in our maintenance department.	Lead Occupational Therapist who in turn will develop accredited programmes and real work opportunities for our patient group	produced				needs that attend the Horticulture and Craft centre.	the Registered Manager	
17	The appointment of an additional educational tutor would enable increased accreditation /availability of courses.	The hospital Llanarth Court Senior Management Team have reviewed the comment raised in ref 17 re additional educational support and agree that the appointment would enable increased availability of courses. Prior to agreeing with the request the hospital will undertake a needs assessment of the Education Department.	An audit of what is needed educationally for our patient group in comparison to what is already on offer will be undertaken. Any deficits in provision will be highlighted in the audit and an action plan created	Meeting arranged to discuss audit 01/07/2014	There will be a completed audit and action plan available to HIW on completion	Registered Manager	31/08/2014	The service offers a range of accredited courses and availability of courses that meet our patient needs.	The Registered Manager will request a progress report at the end of July 2014	



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18	The Intensive Care Suite (ICS) on Awen ward had a damaged floor and the heating system was broken. The repair of the ICS suite is required.	During the visit from HIW the damaged floor was repaired. The hospital will address the issue of the air conditioning unit not working on Awen	Damaged floor repaired The hospital has ordered the necessary parts to repair the Awen air conditioning unit	The replacement part for the air conditioning unit on Awen has been ordered	The Registered Manager will notify HIW when air conditioning unit has been repaired	Registered Manager	31/07/2014	Air conditioning will be working	The Registered manager will expect weekly updates from the Maintenance Manager and will notify HIW when work has been completed	
19	The environment of care on Awen ward was unwelcoming with limited furnishings. The coffee machine was out of order and hot water was being brought out from the staff office for patient's drinks. There was a lack of storage space for patients' belongings and their coats were left on the floor in the foyer.	The Llanarth Court Senior Management Team have noted, accepted and acted upon the points raised by HIW in relation to the environment of care on Awen Ward.	A replacement coffee machine has been ordered for Awen Ward. The situation with respect to adequate storage space for patient's belongings will be discussed with patients and the Awen team. The needs for the ward will be reviewed, and action taken to order more lockers for the storage of patient's belongings if this	A new coffee machine has been ordered for Awen Ward. The Charge Nurse on Awen Ward is to meet with the patients to discuss the needs of the ward with respect to the storage of personal belongings. Minutes are to be kept of this meeting. Following the meeting an action plan will	The Registered Manager will update the HIW Assurance Plan when the coffee machine has arrived. Minutes of the meeting with Awen Ward patients, and the action plan following this will be sent to HIW with the updated Assurance Plan. Where any need has been identified the number of additional	Registered Manager Registered Manager	31/07/2014	For patients on Awen Ward to have access to a working coffee machine.	The Registered Manager will review progress in this area during regular supervision meetings with the Catering Manager.	



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			is required.	be developed based on identified need and submitted to the Registered Manager	lockers will be ordered.					
20	Care plans were reviewed on Awen and Teilo wards. The following issues were identified:									
20a	Patient D had an occupational therapy assessment undertaken on 2nd January 2014 and this had identified that the patient required a specialist mattress and bathing chair but both these items were not available for the patient.	We have noted, accepted and acted upon the issue raised by HIW, and the specialised mattress and the bathing chair have been ordered.	The mattress and the bathing chair have been ordered.	Once the items that have been ordered have arrived, the HIW Assurance Plan will be updated accordingly. The Occupational Therapist will coordinate any training that is required by staff in relation to the use of the above. The Occupational Therapist will ensure that a	Equipment will be available for inspection once it has arrived, and confirmation of this will be sent to HIW by the Registered Manager.	Registered Manager	01/07/2014 31/08/2014	For the patient to have their identified needs met by the provision of appropriate equipment/aids, and for adequate training and support to be in place for all parties to ensure the safe use of the same.	The Occupational Therapist will inform the Registered Manager/Unit Manager when the equipment has arrived. The efficacy of the equipment once it has arrived and is in use will be reviewed on a regular basis at the patient's ICR meetings by members of the MDT and will include the	



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				relevant care plan, with guidance for both staff and patient is drawn up.					views of the patient.	
20b	A care plan for patient D was titled 'False Allegations'. This is wording is inappropriate and implies that any allegation the patient makes will be false.	The comment raised by HIW has been noted, accepted, and has been acted upon.	The patient's Care Plan has been amended and the use of the term 'False Allegations' removed.	The wording of the Care Plan has now been amended.	Amended Care Plan in place in the patient's EPR.	Registered Manager	Completed	For more appropriate wording to be used in this patient's Care Plan, making it clear that staff shouldn't assume that every allegation that the patient makes to be false. To ensure that the patient concerned is protected from the potential of abuse.	The Care plan content, its' effectiveness, and the patient's views are to be regularly reviewed by the MDT, and updated where necessary in the patient's regular ICR meeting.	
20c	A revised care plan dated 5th June 2014 for patient C on crisis management lacked detail, specifically around ligature and the patient head butting the	We have noted, accepted and acted upon HIW's comments in respect to the content of this patient's crisis management plan.	The crisis management plan has been amended to ensure that it provides more specific detail with	The crisis management plan has been updated by the patient's Primary Nurse in conjunction with	The amended crisis management plan is in place in the patient's EPR.	Registered Manager	Completed	The crisis management plan that is in place adequately addresses the risks that this patient poses to	The Crisis Management Plan content, its' effectiveness, and the patient's views are to be regularly	



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	door/walls of the ICS.		respect to the management of the risk of ligatures and of the patient head butting the door/walls of the ICS.	the MDT.				themselves. That every effort is made to ameliorate risk, and to provide the patient with a safe environment of care.	reviewed by the MDT, and updated where necessary in the patient's regular ICR meeting	
20d	Patient C had a care plan in place on 'chat lines'. HIW questions the appropriateness of this care plan.	We have noted, accepted and acted upon HIW's comments in respect to this patient's care plan.	The patient's MDT have agreed to amend this care plan to reflect that they will educate the patient in relation to the danger of chat lines. However they are not going to work with this care plan with the patient at the present time, as their presentation does not allow for this care plan to be a priority. The Care Plan has therefore been cancelled for the present time.	The Care Plan on 'Chat Lines' has been removed, as this is not an immediate clinical priority at this point in time. It has been agreed by the patient's MDT that any future care plan will focus on educating the patient in relation to the danger of chat lines.	The Care Plan has been discontinued, and has been removed from the patient's EPR.	Registered Manager	Completed	The Care Plan was reviewed by the patient's MDT who felt that this was not a clinical priority for the patient at this point in time. Any future attempt to address this issue will be coordinated by the patient's MDT in conjunction with the patient concerned.	The patient's MDT will continue to review the situation and the need for the development of a relevant care plan in light of the patient's ongoing mental state and identified needs.	



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20e	For patient E (Teilo ward), there was a lack of detail in his care plan regarding crisis management / general behaviour management. Specifically there was a lack of triggers when the patient may require ICS and a lack of de-escalation techniques documented for individualised behaviour.	We have noted, accepted and acted upon the comments made by HIW in respect to this patient's care plan regarding crisis management/general behavioural management. More detailed care plan guidance is now in place which includes information on trigger factors and de-escalation techniques to be employed.	The patient's Care Plan has been reviewed by their MDT to ensure that it now includes specific information on trigger factors that precipitate disturbed behaviour, and includes information and guidance on de-escalation techniques to be used.	The amended care plan is now in place, and members of the Teilo clinical team have been made aware of its contents.	The Care Plan is in place in the patient's EPR.	Registered Manager	Completed	For the patient to have in place a care plan that adequately addresses his identified needs, and which provides staff with the adequate information and guidance to manage any disturbed, or potentially unsettled behaviours in a way which protects the patient's dignity, and provides a safe and therapeutic environment for themselves and others.	The Crisis Management Plan content, its' effectiveness, and the patient's views are to be regularly reviewed by the MDT, and updated where necessary in the patient's regular ICR meeting	
20f	On Teilo ward, each patient had two sets of care plans, one for MDT and one for nursing. However, nursing care	We have noted, accepted and acted upon the issue raised by HIW. Immediate steps have been taken to ensure	Any Nursing Care Plans have been incorporated into the overall MDT care plan for each patient on Teilo	The necessary changes have now been made to ensure that all Care Plans are coordinated by,	Documentary evidence of review of care plans in each individual patient's ICR.	Registered Manager	Completed	For all interventions and care plans to be overseen and reviewed by the patient's MDT.	The content of Care Plans, their effectiveness, and the inclusion of patient's views are to be	



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	plans were not up to date because they were not being evaluated as part of the MDT care plan.	that nursing care plans are incorporated into the overall MDT Care Plan. All Care Plans should be subject to MDT review in order to ensure a consistency of approach, consistency of quality, and MDT involvement in the evaluation of these in conjunction with individual patients.	Ward.	and subject to review by the patient's MDT.				This will ensure a consistency of approach and a consistency of quality that is essential to delivering the optimum level of care to patients on Teilo ward.	regularly reviewed by the MDT, and updated where necessary in the patient's regular ICR meeting The content and quality of Care Plans will also be reviewed in a focussed PCA visit from the PiC Director of Policy and Regulation on 10 th July 2014.	
20g	The comment box on the physical health care plan for patient F (Teilo ward) stated "patient aware of care plan". This comment is not clear and does not indicate if the patient refused to comment. More information is required.	We have noted, accepted and acted upon the comments made by HIW in respect to the need to be clearer in any comments relating to any patient's involvement or otherwise, in the development of their care plans.	The Care Plan has been amended to include a clear statement as to the patient's level of involvement in the development of this care plan, and any comments that they wanted to make,	The necessary action has been taken to amend the comments section on the care plan concerned. The patient's views on their care plans will also be sought and commented upon at	The amended Care Plan is in place in the patient's EPR.	Registered Manager	Completed	For Care Plan documentation to be clear and unambiguous in demonstrating the level of patient involvement in the development of their individual care plans, and their views on these.	The content of Care Plans, their effectiveness, and the inclusion of patient's views are to be regularly reviewed by the MDT, and updated where necessary in the patient's regular ICR meeting	



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20g con td				individual ICR meetings. The Registered Manager/Unit Manager will ensure that this action plan is widely shared with all relevant staff at Llanarth Court Hospital. All clinical staff will be reminded of the need for clarity in clinical entries, and the importance of transparency in demonstrating the level of active involvement by patients' in their care.					The content and quality of Care Plans will also be reviewed in a focussed PCA visit from the PiC Director of Policy and Regulation on 10 th July 2014.	
21	There were no hairdressing/hair-cutting facilities on site. Consideration should be given to having a Hairdresser/barber on site.	HIW's comments have been acted upon, and this service has been advertised for.	An advertisement for the position was placed. Applicants have been shortlisted, and we are in the process of	Interviews for the position of hairdresser are currently being arranged.	The appointment of a candidate to provide this service.	Registered Manager	31/07/2014	For patients at Llanarth Court Hospital to be able to access the services of a hairdresser/barber on site.	The Registered Manager/Unit Manager and RMT will seek feedback from patients and from Patient's	



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			arranging interviews.						Council Reps once the service has been established. Registered Manager/Unit Manager to review the service with the Hairdresser/barber at regular intervals.	