



## **ACTION PLAN TO COMPLY WITH HEALTHCARE INSPECTORATE WALES REQUIREMENTS**

(Unannounced) Inspection Date

**30<sup>th</sup> & 31<sup>st</sup> January 2014**

**Initial Action Plan Implementation Date:** 1<sup>st</sup> February 2014

**Revised:** 7<sup>th</sup> April 2014  
9<sup>th</sup> May 2014

**Devised by:** Therisa Galazka (Registered Manager)

Standard & Regulation	Action required	Action taken	Person Responsible	Timescale for Completion	Status To date
<p><b>Regulation:</b> 20 (1) (a) &amp; (b)</p>	<p>An urgent review of staffing numbers must be undertaken and additional registered nurse hours provided.</p> <p>During our visit, the Ward Manager on Cilliad Ward was being used as a Registered Nurse and not supernumerary. In addition, the observations that were taking place were difficult to maintain due to staffing levels.</p>	<p>A review of Registered Staff resources at Ty Cwm Rhondda was undertaken on the 5<sup>th</sup> February 2014.</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• Registered Manager</li> </ul>	<p><b>Completion Date:</b> May 2014</p> <p><b>Reviewed:</b> 7<sup>th</sup> April 2014 9<sup>th</sup> May 2014</p>	<p>Successful recruitment of Ward Manager and 3 Registered Nurses.</p> <p>All new recruits will have to complete and full induction prior to working on the wards. They should be rotered to work by July 2014.</p> <p>Registered Nursing numbers have increased and resemble the following:</p> <ul style="list-style-type: none"> <li>• 2 x Registered Staff on duty week days</li> <li>• Ward Manager supernumerary minimum of 3 days a week.</li> <li>• 1 additional Registered Nurse to cover at weekend</li> </ul>
<p><b>Regulation:</b> 20 (1) (a) &amp; (b) 8 (a) &amp; (b)</p>	<p>On a number of occasions the hospital had not achieved their minimum staffing numbers as detailed within the current statement of purpose. Minimum staffing numbers must be maintained as stated in the statement of purpose.</p>	<p>Pastoral Healthcare ensure that at all times suitably qualified, skilled and experienced staff are on duty. The staff resources were deemed to be appropriate for the health and welfare of the patient group and occupancy but the review was not updated and subsequently not reflected in the current statement of purpose.</p> <p>The statement of purpose does indicate that it is under review.</p> <p>A copy of the new proposed Statement of Purpose will reflect the recent review of resources and be submitted to Healthcare Inspectorate Wales under Regulation (8); Review of Statement of Purpose and Patients' Guide of The Independent Health Care (Wales) Regulations 2011</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• Registered Manager</li> </ul>	<p><b>Completion Date:</b> 30<sup>th</sup> April 2014</p> <p><b>Completed:</b> 9<sup>th</sup> May 2014</p> <p>* To coordinate with Point 1 above</p>	<p>Refer to point 1 above: a review of staff resources has been undertaken and the Statement of Purpose has now be revised and completed.</p> <p>This will be forwarded to HIW for review</p>

<p><b>Regulation:</b> 20 (1) (b) &amp; (2) (a)</p>	<p>There was no documented induction process in place for agency staff. A system of agency induction must be devised and implemented.</p>	<p>Agency resources are used infrequently at Ty Cwm Rhondda due to a robust BANK nursing system.</p> <p>On the day of inspection a document was produced to evidence an induction process for Agency staff.</p> <p>It should be noted that this document had not been used previously but was implemented on the 31<sup>st</sup> January 2014.</p> <p>As a result of evidencing this process Pastoral Healthcare were informed that this would not be included in the visit feedback/report.</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• HR Officer</li> </ul>	<p><b>Completed:</b> 31<sup>st</sup> January 2014</p>	<p>The Agency Staff Induction booklet is now available to all staff and there is an expectation that the most senior Registered Nurse in the building will complete the induction process with the relevant Agency staff member.</p> <p>A copy of this document will be forwarded to the HR Officer</p>
<p><b>Regulation:</b> 20 (2) (a) &amp; (b) 21 (2) (b) &amp; (d)</p>	<p>There was initially a lack of documentary evidence of the qualifications, training and experience of Agency staff.</p> <p><i>During the feedback meeting, documentary evidence was provided evidencing the qualifications, experience and training of Agency staff at the hospital</i></p>	<p>Agency `passports` are kept on file with Pastoral healthcare HR Department based in Cardiff.</p> <p>All Agency staff who have worked at Ty Cwm Rhondda will have a file detailing their photograph, qualifications, relevant experience and training.</p> <p>The documents had to be scanned through on the day of the visit and were not readily available however, there is a robust system in place as identified from the Healthcare Inspectorate Wales feedback.</p>	<ul style="list-style-type: none"> <li>• Registered Manager</li> <li>• Ward Managers</li> </ul>	<p><b>Completed:</b> 28<sup>th</sup> February 2014</p>	<p>Documents for every Agency staff are now held at Ty Cwm Rhondda</p>
<p><b>Regulation:</b> 15 (1) (a) (b) &amp; (c) 23 (3) (a)</p>	<p>There were issues with the observational records for a number of patients. The records did not have current observational levels documented and had not all been signed by the nurse in charge of the</p>	<p>Observation levels are reviewed on a regular basis and as a minimum will be captured in the Clinical Team Meeting (CTM) minutes.</p> <p>The observation sheets themselves are</p>	<ul style="list-style-type: none"> <li>• Registered Manager</li> <li>• Ward Managers</li> </ul>	<p><b>Completed:</b> 24<sup>th</sup> February 2014</p>	<p>A daily `handover` document has been devised and is now in circulation.</p>

	<p>ward.</p> <p>Observational records must detail the observation levels and be signed by the nurse in charge of the ward.</p>	<p>user friendly. The nurse in charge of each shift is responsible for allocating the observations between the staff and making sure that they are performed correctly and in line with Pastoral healthcare Levels of Observation Policy.</p> <p>The nurse in charge of the shift is also responsible for signing the observation sheets.</p>			
<p><b>Regulation:</b> 15 (1) (a) (b) &amp; (c) 23 (3) (a)</p>	<p>The patient record of TCR069 (Clydwch Ward) was examined and the following observations were made:</p> <p>a. The WARRN risk assessment identified risks but no patient support plan had been developed.</p> <p>When risks have been identified it is essential that strategies for dealing with these are formulated and effectively documented.</p>	<p>The assessment and management of risk is an integral part of the care pathway of service users through Pastoral Healthcare low secure services. A thorough assessment of a range of potential risks is completed in the initial assessment period (12 weeks) and directs both management strategies in the short term, and also longer term therapeutic goals to enable the timely and safe rehabilitation of service users.</p> <p>The overarching risk assessment utilises the Wales Applied Risk Research Network (WARRN) risk formulation tool, which directs the broad assessment of both risks to and from the service user and allows for the formulation of risk management strategies. The WARRN risk assessment is updated on a minimum of a 3 monthly basis, or sooner if new information arises pertaining to risk (e.g. if there is a new violent incident or incident of deliberate self-harm, etc).</p> <p>In addition to the WARRN risk formulation, comprehensive Structured Professional Judgments of risk of</p>	<ul style="list-style-type: none"> <li>• Multi Disciplinary Team</li> <li>• Ward Managers</li> <li>• Registered Nursing Staff</li> </ul>	<p><b>Completed:</b> 21<sup>st</sup> February 2014</p>	<p>Patient made reference to in the report is still in the initial stages of assessment having been admitted in January 2014.</p> <p>The patient had a WARRN Risk Formulation completed and Relapse Indicators. The patient has a plan in place to address Challenging Behaviour and staff can make reference to the WARRN for more detail.</p> <p>The management plan based upon his risks – has been completed.</p>

		violence (HCR-20) and risk of sexual violence (SVR-20), where applicable, are conducted prior to the initial CTP and revised annually (or sooner if new information arises pertaining to a service user's risk status).			
<p><b>Regulation:</b> 9 (4) (e) 19 (2) (b) (i) &amp; (e)</p>	<p>The morning handover meeting lacked structure and no documentation for patient progress was utilised within the handover process. A structured handover for nurses / care support workers must be developed and implemented.</p>	<p>The `handover` process has been reviewed in order to provide a more structured process of transferring relevant patient information from one shift to another.</p>	<ul style="list-style-type: none"> <li>• Ward Managers</li> <li>• Registered Nursing Staff</li> </ul>	<p><b>Completed:</b> 24<sup>th</sup> February 2014</p>	<p>The NEW handover document has now been introduced week commencing 24<sup>th</sup> February 2014.</p>
<p><b>Regulation:</b> 26 (1) (2) (a) &amp; (c)</p>	<p>A review of the de-escalation / quiet room on Clydwch Ward is required to determine if it is fit for purpose. The room contains a bed and a settee and there was insufficient space if a restraint became necessary.</p>	<p>I can confirm that Seclusion is not practiced at Pastoral Healthcare, and the facility for seclusion has not been provided in this hospital.</p> <p>The De escalation suite may be used for `time out` purposes. `Time Out` is a behaviour modification technique that denies a patient, for a period, lasting from a few seconds to no more than 15 minutes, opportunities to participate in an activity or to obtain positive re-enforcers following an incident of unacceptable or unwanted behaviour. <b>(18.9 Revised Code of Practice Mental Health Act 1983)</b></p> <p>In accordance with Pastoral Healthcare <b>Therapeutic Separation Policy;</b></p> <p>Time Out” Involves the removal of an individual from a situation or environment where they have</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• Registered Manager</li> </ul>	<p><b>Completed:</b> 7th February 2014</p>	<p>De-escalation room will remain on Clydwch Ward.</p> <p>Settee has been removed leaving adequate space for de escalation / restraint purposes.</p>

		<p>demonstrated target behaviours for a maximum of 15 minutes.</p> <p>“Time Out” provides an opportunity to prevent negative behaviours and the escalation of such behaviours from either occurring or becoming out of control. Further it provides a forum for the patient for discussion and exploration of identified behaviours and appropriate alternative responses.</p> <p>A staff request for “Time Out” provides the patient with a verbal cue that their behaviour is becoming unacceptable and affords that patient an opportunity to respond positively by modifying their behaviour.</p> <p>Time Out should <b>not</b> be confused with seclusion, and it should <b>never</b> include the use of a locked room.</p> <p>The De escalation Suite will be reviewed to determine whether it is fit for purpose.</p>			
<p><b>Regulation:</b> 20 (2) (a)</p>	<p>There was no staff appraisal system in place. An appraisal system must be formulated and implemented for all staff.</p>	<p>At this current time there is no standard performance appraisal system in place, however we are currently working on developing a system with an implementation deadline of June 2014.</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• Registered Manager</li> <li>• HR Officer</li> </ul>	<p><b>Commencement Date:</b> 30<sup>th</sup> June 2014</p> <p>* With the aim of complete implementation within 12 months</p>	<p>Review of existing Job Descriptions.</p> <p>Development of standard and specialised KPI's (Key Performance Indicators).</p>
<p><b>Regulation:</b> 20 (1) (a) &amp; (2) (a)</p>	<p>The training records confirmed 6 staff had not undertaken an annual update from MAYBO in relation to control and restraint training. All staff must receive updated MAYBO Training on an annual basis.</p>	<p>In regards to Control and Restraint Training we carry out MAYBO training for all staff. They initially attend a full 4 day course when they commence employment with us as part of their induction programme.</p>	<ul style="list-style-type: none"> <li>• HR Officer</li> <li>• Ward Managers</li> </ul>	<p><b>Completion Date:</b> 30th June 2014</p>	<p>Three out of the six individuals identified during the visit were allocated to attend the refresher training and completed the same.</p>

		<p>Under the MAYBO guidelines, the 2 day refresher training should take place no later than every 12 months.</p> <p>We schedule a rolling program of training courses. The most recent MAYBO refresher training took place between the 3<sup>rd</sup> - 4<sup>th</sup> February 2014 and the 5<sup>th</sup> - 6<sup>th</sup> February 2014.</p>			<p>The remaining three individuals are booked on to the full four day course since they have exceeded the 12 month recommendation.</p>
<p><b>Regulation:</b> 20 (1) (a) &amp; (2) (a) &amp; (b)</p>	<p>The majority of staff required Mandatory Training in Health &amp; Safety; Fire Safety; First Aid; Infection Control; Food Hygiene; Drug &amp; Alcohol and Protection of the Vulnerable Adult (POVA).</p> <p>All staff must receive updated Mandatory Training in the areas listed and continue to receive an on going training programme in line with specific timescales.</p>	<p>All staff currently need to attend refresher statutory and mandatory training which includes;</p> <p>Fire Safety Manual Handling Health and Safety Food Hygiene Infection Control First Aid including CPR and DFIB</p>	<ul style="list-style-type: none"> <li>• Responsible Individual</li> <li>• Registered Manager</li> <li>• HR Officer</li> <li>• Ward Managers</li> </ul>	<p><b>Completion Date:</b> 30<sup>th</sup> Sept 2014 (Nursing)</p> <p>31<sup>st</sup> Jan 2015 (All other staff)</p> <p><b>Reviewed:</b> 7<sup>th</sup> April 2014 9<sup>th</sup> May 2014</p>	<p>A 3.5 day program covering all the above modules have been put in place with our training provider ABL Training and Consultancy. The courses have been booked monthly and commence in March 2014.</p> <p>6 places are allocated to Ty Cwm Rhondda staff each month and the initial prioritisation will be Nursing Staff.</p> <p>A rolling programme will continue to update staff every 2 years.</p>
<p><b>Regulation:</b> 15 (1) (a) &amp; (b)</p>	<p>There was a lack of educational programmes for patients. The implementation of an educational programme is required for all patients.</p>	<p>Occupational Therapy works with the patients to access work and education, (inclusion) ideally in the mainstream; this includes schemes such as supported employment projects, links with local colleges and 'bridge-builder' initiatives which facilitate social inclusion, such as access to mainstream leisure facilities</p> <p>The Initial Interview information gathering will include:</p> <ul style="list-style-type: none"> <li>• Education: type of school attended, highest level achieved,</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Manager</li> <li>• Occupational Therapy Dept</li> <li>• Ward Managers</li> </ul>	<p><b>Completed:</b> 21<sup>st</sup> Feb 2014</p>	<p>Occupational Therapy already offers assessment (if appropriate) to identify learning levels (Below Entry 1 - Level 1) and learning styles (questionnaire) to enable therapeutic sessions to be graded to the ability of individual patients and promote learning.</p> <p>Ty Cwm Rhondda offer</p>

		<p>grades, social clubs involved in, and career aspirations.</p> <ul style="list-style-type: none"> <li>• Work history: past and present jobs, likes and dislikes about work, work aspirations i.e. preferences of working alone or with others, and plans for your future.</li> </ul> <p>Needs are constantly reviewed and abilities evaluated through engagement in therapy and opportunities advertised via posters and local college prospectus displayed in work areas such as the Library.</p> <p>Once identified as a meaningful and valuable activity education sessions are placed on individuals Occupational Therapy time table.</p> <p>Previously we have supported a number of patients into Open University study and FE College English and Math's but this is determined by need.</p>			<p>supported access to `online` free courses such as</p> <ul style="list-style-type: none"> <li>• BBC Skills wise</li> <li>• BBC GCSE Bite size</li> <li>• Alison.com free online courses with certificates which build confidence in readiness for community learning</li> <li>• Open University Learning Space</li> </ul> <p>We will produce a recognised file to evidence the educational programmes available to patients.</p> <p>Currently there are no Patients engaged in external college courses but we support one patient in attending and completing an OCN in bike maintenance on a voluntary placement.</p> <p>Occupational Therapy continues to provide evidence based activity sessions that promote learning and Life skills such as;</p> <ul style="list-style-type: none"> <li>• Cooking / laundry/self-care</li> <li>• Woodwork</li> <li>• Computer skills</li> <li>• Healthy lifestyle programmes</li> <li>• Leisure Groups</li> <li>• Horticulture</li> <li>• Work skills / Unit shop</li> </ul>
<p><b>Regulation:</b> 15 (5) (a)</p>	<p>The following areas within the clinic on Cilliad Ward were identified:</p> <p>a. Out of stock medication</p>	<p>Ashtons Pharmaceutical services work closely with Ty Cwm Rhondda providing a specialist mental health pharmacist with relevant experience to the hospital</p>	<ul style="list-style-type: none"> <li>• Ward Managers</li> </ul>	<p><b>Completion Date:</b> 3<sup>rd</sup> March 2014</p>	<p>Pastoral Healthcare already have a robust audit system carried out by an independent</p>



	<p>b. Cream in stock that belonged to a patient who had been discharged c. Cream in stock with no label</p> <p>These areas must be addressed</p>	<p>on a weekly basis. The pharmacist is a member of the College of Mental Health Pharmacists in the UK (CMHPUK).</p> <p>In addition to making clinical checks with regards to patients' medication, the pharmacist also checks that the drugs that are being used to treat mental illness are covered by the appropriate Mental Health Act requirements.</p> <p>Our pharmacy stocks are ordered directly from Ashtons and have individual coordinators for more specialised mental health medications like clozapine (Clozaril, Denzapine and Zaponex) who manage our clozapine patients by working closely with hospital staff and the clozapine patient safety monitoring service.</p>		<p><b>Extended:</b> 30<sup>th</sup> April 2014</p> <p><b>Completed:</b> 1<sup>st</sup> May 2014</p>	<p>pharmaceutical company.</p> <p>Ward Managers will devise an additional internal audit in relation to medication storage and stock.</p>
<p><b>Regulation:</b> 21 (2) (a) (c) &amp; (d)</p>	<p>A review of staff files uncovered two files that were without references. References must be obtained and available for all staff.</p>	<p>In response to the feedback received in the report in regards to inconsistencies within a number of the personnel files, an audit has now be carried on all personnel files.</p> <p>The audit was carried out to ensure that the following was included within each file:</p> <ul style="list-style-type: none"> <li>Application Form</li> <li>Interview Record</li> <li>Job Description</li> <li>Offer Letter</li> <li>Terms and Conditions of Employment</li> <li>References</li> <li>Medical Questionnaires</li> <li>DBS reference number and date</li> <li>Proof of Professional Registration</li> <li>Identification Documents</li> <li>Visa Documents</li> </ul> <p>There are a few employees who are</p>	<ul style="list-style-type: none"> <li>• HR Officer</li> </ul>	<p><b>Completed:</b> 28<sup>th</sup> Feb 2014</p>	<p>Audit of all staff files has been completed and updated against the standardised checklist.</p> <p>Existing files did contain a file checklist however as many of the employees were recruited a number of years ago a new updated checklist has now been included.</p> <p>All personnel files now have a copy of the relevant Job Description filed within the recruitment section.</p> <p>* It should be noted that; There is no legal duty on employers to provide references for past employees and many organisations now only confirm dates of employment, because of this there is a lot of evidence</p>

		<p>missing some of the above, specifically an interview record or medical questionnaire.</p> <p>A significant period of time has now passed since these employees were employed and therefore these documents cannot be obtained retrospectively as that would be deemed unreasonable under employment law.</p> <p>In regards to obtaining references, we aim to obtain at least two references covering 3 years of employment. However on occasions we are unable to obtain references for a number of reasons including closure of business of previous employers. In these circumstances we make every effort to obtain character references. Going forward where we are unable to obtain references a signed document explaining this will be placed on the file.</p> <p>In regards to DBS certificates (previously CRB) under Data Protection and in line with the guidance provided the Disclosure and Barring Service we are not permitted to retain certificates after 6 months, therefore the reference number and date received is recorded on our electronic staff database and on the checklist only.</p>			<p>within HR literature which suggest references are not a good indication of employee performance.</p> <p>Therefore Pastoral Healthcare utilise a minimum of a 6 month probation period to determine a permanent offer of employment.</p>
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