

**[Insert Title of Action Plan]**

**Hospital:** Ty Gwyn Hall

**Date of inspection:** 10<sup>th</sup> and 11<sup>th</sup> February 2014

**Date of Action Plan:** 10<sup>th</sup> March 2014

**Hospital Director:** Shaun Cooper

**RAG Rating**  
**Green = Action Completed**  
**Amber = Action in Progress**  
**Red = Action Over Timescale for Completion**

Outcome/Standard	Judgment Comments/Evidence	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
<b>Outcome/Standard – (insert outcome/standard)</b>							
Regulation 20 (1) (a)	A review of staffing numbers must be urgently undertaken and the registered provider must ensure adequate numbers of staff are provided. During our visit there was a number of occasions when insufficient numbers of staff were provided. This included cover for leave taken on Pentwyn unit, resulting in a patient not having recreational leave. In addition, this maybe hindering the development and supervision element of the staff nurse role.	Staffing levels will be reviewed regularly by the ward managers and flexed in order to ensure that care arrangements can be delivered appropriately. Any unmet activities will be logged to identify the reasons why they cannot be met and reviewed at Clinical Governance.	The staffing levels for each unit are being monitored and reviewed on a daily basis. Each unit has been issued with a "Planned activities not met" document which will be completed and made available to the Hospital Manager on each occasion that an activity is cancelled. "Unmet activities" has been added to the agenda for Clinical Governance".	Ward Manager/ Senior management team		31/03/14	31/03/14

Outcome/Standard	Judgment Comments/Evidence	Action	Progress To Date	By Whom	RAG	Timescale for Completion	Date Completed
<b>Outcome/Standard (insert Outcome/standard)</b>							
Regulation 20 (1) (b) & 20 (2) (a)	There was no documented induction process available for agency staff. A written induction must be undertaken for all agency staff.	1. Implement the use of Priory CH Form: 38 – Induction checklist for Bank/Agency staff.	All units have been issued with CH Form 38 which will be used for all agency staff on their first shift.	Clinical Services Manager		26/02/14	26/02/14
		2. Implement the use of an agency file which will be used to hold the induction and employment information for all agency staff that are deployed to Ty Gwyn Hall.	A file has now been set up which hold all agency staff details including the completed CH form 38.	Clinical Services Manager		26/02/14	26/02/14
		3. Contact all Nursing Agencies that we use and inform them that all of their staff will need to complete an induction when they arrive for their first shift.	All relevant agencies have been contacted and informed that each of their staff members will need to complete this form.	Clinical Services Manager		26/02/14	26/02/14
		4. Inform all Ty Gwyn Nurses that Agency Staff must complete this form when they attend for their first shift at the hospital. This will be monitored by the Clinical Services Manager on a monthly basis.	All nurses have been contacted and made aware of their responsibility to induct Agency Staff.	Clinical Services Manager		26/02/14	26/02/14
Regulation 21 (2) (a) (b) (c) (d)	There was a lack of available information on agency staff to reassure the registered provider that agency workers had the necessary checks in place and a satisfactory knowledge and experience of the patient group. The registered provider must ensure that all agency staff have the necessary checks in place and have the appropriate level of experience and knowledge for the patient group	1. Contact all Agencies that provide staff to Ty Gwyn and get them to provide an information sheet regarding their employee. This will contain DBS date and number, confirmation that references have been obtained and employment checks made along with details of training	All of the Agencies that supply staff to Ty Gwyn Hall have been contacted and informed that they need to provide DBS, training and employment checks prior to their staff attending for duty.	Hospital Manager		24/03/14	24/03/14
		2. Information sheets for each Agency staff member will be held in an Agency file along with the staff member's induction sheet.	An agency worker file has been set up to contain the required information for all agency staff placed at Ty Gwyn Hall.	Hospital Manager		24/03/14	24/03/14

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Regulation 15 (1) (a) & (b)	The availability of the responsible clinician (RC) must be improved. During our visit several patients complained about the lack of access to the RC. The RC must be pro-active in seeing patients.	1. The Senior Management Team within Ty Gwyn Hall to review the provision of RC cover within Ty Gwyn Hall.	The SMT are currently exploring two options for increasing RC input – 1. A full time employed Consultant Psychiatrist. 2. A full time Staff Grade Doctor with supervision of a Consultant Psychiatrist.	Hospital Manager		28/03/14	28/03/2014
		2. SMT/Manager to liaise with Priory Operations Director to agree how recruitment can be progressed.	Operations Director has been informed of the two options.	Hospital Manager		14/04/14	14/04/2014
		3. Recruit additional RC/Staff Grade Doctor as identified in the review.	We are receiving CV's from recruitment agencies for Staff Grade/Consultant grade doctors.	Hospital Manager		31/07/14	
		4. Allow service users to feedback their views regarding the level of support they receive from their RC.	A review of the support that service users receive from their Responsible Clinician has been placed on the "Your Voice" agenda.	Hospital Manager		28/03/2014	28/03/2014
Regulation 19 (2) (a) (b) (i) & (e)	There was a lack of an effective advocacy system/process available. Patient access to independent advocacy must be improved.	1. Review the provision of independent advocacy with Operations Director/Priory Group as the current provision is not effective.	We have a new independent advocate in place and they are completing weekly visits to the service. In addition the contact details for the advocate is clearly displayed throughout the services.	Hospital Manager		01/05/14	01/05/2014
Regulation 26 (2) (b)	Pentwyn ward had only 2 out of 12 corridor lights working. Routine maintenance must be undertaken in a timelier manner. <i>During the feedback meeting we were advised that this issue has been raised with the maintenance team and specific parts for the light fittings need to be ordered.</i>	1. Get contractors to quote for this outstanding work and liaise with the Priory estates team in authorising.	All outstanding repairs to the lights are completed.	Hospital Manager		10/03/2014	10/03/2014
Regulation 20 (2) (a)	Some staff had not received regular supervision for a period of time. A system of supervision	1. All staff supervisions will be reviewed in line with the Priory supervision policy and the system improved to ensure all staff receive supervision once per month. This will be	1. We reviewed compliance with supervision as part of our recent CG meeting. The Ward Manager is working with all staff to ensure they get	Ward Manager		31/07/2014	

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	for all staff must be implemented.	monitored via our Clinical Governance meeting with a target rate of 90%compliance.	monthly supervision and this is recorded on FFG.				
Regulation 15 (1) (a) (b) & (c)	We reviewed patient care records and the following was identified: a. Care plans for patients A (Ty Gwyn) and B (Pentwyn) were not evaluated in line with the identified timescales. b. There was a lack of discharge plans on file for patients A, B and C. c. Patient A's (Ty Gwyn) care plan stated 'bloods to be taken routinely' but this was not defined. d. Patient A (Ty Gwyn) declined routine blood test on 28/01/2014. There was no update in the care records to confirm when these were subsequently done. The areas identified in relation to care plans must be addressed.	<ol style="list-style-type: none"> <li>Evaluate care plans for patients A and B and ensure that this is completed monthly going forward. Introduce a report from the Electronic Patient Records that acts as both a checklist and alert for care plan updates.</li> <li>Discharge plans to be defined in patient A, B and C's care plans/CTP.</li> <li>Care plan for patient A routine blood taking to be more clearly defined.</li> <li>Update A's healthcare records to clearly identify when his bloods were taken.</li> </ol>	<p>Both sets of care plans have been evaluated and the responsible Primary Nurse has been made aware of this error. The Ward Manager will make a weekly check of all care plans and risk assessments to ensure that they are reviewed within the stated timescales.</p> <p>Discharge plans have been defined in the service users care plans.</p> <p>CSM's care plan has been updated to identify that bloods will be taken 6 monthly.</p> <p>Patient A is currently refusing to give bloods as requested. Staff continue to support A to provide this. A capacity assessment will be completed by the RC if he continues to refuse.</p>	<p>Ward Manager/ Primary Nurse</p> <p>Ward Manager/ Primary Nurse</p> <p>Ward Manager/ Primary Nurse</p> <p>Ward Manager/ Primary Nurse</p>		<p>31/03/2014</p> <p>26/02/2014</p> <p>26/02/2014</p> <p>31/3/2014</p>	<p>31/03/2014</p> <p>26/02/2014</p> <p>26/02/2014</p> <p>31/03/2014</p>
Regulation 23 (1) (a) (i) (ii) (3) (a)	The electronic system used for recording patient information was difficult to navigate and would benefit from additional	<ol style="list-style-type: none"> <li>Liaise with Priory IT to look at the possibility of upgrading the CAREnotes system in line with the suggestions made by</li> </ol>	LH from Priory IT has been contacted and made aware that an issue with the CAREnotes system has been raised. The request is for more tabs to be added to the main page to allow for easier retrieval of information by regulators.	Hospital Manager		31/10/2014	

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	tabs to cover specific areas, e.g. multi disciplinary team notes (MDT) etc.						
Regulation 15 (1) (a) (b) & (c)	There was no structured educational programme in place for patients. Considering the patient group and rehabilitative model there was a lack of basic literacy and numeracy assessment and training. A structured educational programme must be introduced.	1. Each patient will have their care plan reviewed to identify any educational needs required to assist them in addressing their rehabilitation. Advice will be sought on a case by case basis from Educationalists if needed.	Educational assessments are now ongoing led by Service Users Primary Nurses and Occupational Therapy team.	Primary Nurse		31/07/14	
Regulation 15 (5) (a) & (b)	The treatment room was examined and the following areas were identified: a. A range of medication was being stored in the medicines cupboard for disposal. Timely disposal of medication is required.	1. All medication that is not required must be disposed of in line with Priory policy.	The medication that was in the treatment room has been disposed of in line with company policy.	Nursing staff		11/02/14	11/02/14
Regulation 20 (1) (a) & (2) (a) & (b)	Registered nurses (RN) would benefit from a developmental programme defining their role. A programme for developmental of RN's to be formulated and implemented.	1. Priory are implementing a structured competency framework for all Registered Nurses which will assist with any identified needs.	All Nurses have received a copy of the Priory Nursing strategy.	Senior Management Team/Nursing staff		31/07/14	