

No.	Reg Rec	Action Point	Comment / Action To Be Taken	By Whom	Completion Target Date	Signed off as completed and Date
1	Regulation 9 (1) (a) (b) & Regulation 19 (2) (d)	A review of patient admissions is required to ensure they are appropriate for the hospital. In particular a review of the placement of patient A is required.	<ul style="list-style-type: none"> As Part of an assessment process no patients to be admitted to St Teilo unless they have been seen by a member of the St Teilo Clinical Team No patients will be admitted unless approved by St Teilo team documented on the Assessment Decision Form Review of Pre-Admission Assessment Decision Form to include MDT involved in decisions, comments and recommendations Notice given to Care Team in request for more appropriate placement for A 	<p>Hospital Manager</p> <p>Hospital Manager Regional Operations Director</p> <p>Quality, Audit & Compliance Team</p> <p>Hospital Manager</p>	<p>01/05/2014</p> <p>01/04/2014</p> <p>15/04/2014</p> <p>15/04/2014</p>	<p><u>Assessment decision form in place</u></p>
2	Regulation 19 (2) (d)	All potential admissions must have a thorough assessment specific to St Teilo House. Patient A was admitted to St Teilo House without a specific assessment for placement at the hospital.	<ul style="list-style-type: none"> A copy of the admission assessment decision form specific to patient and unit to be kept on file. All patients admitted to St Teilo to be assessed/seen by a member of the St Teilo team prior to admission 	<p>Hospital Manager</p> <p>Hospital Manager</p>	<p>01/04/2014</p> <p>01/03/2014</p>	<p><u>Assessment decision form in place, no new admissions at present.</u></p>
3	Regulation 15 (1) (a) (b) & (c)	A review of care documentation identified the following issues: a. For patient A, the admission	<ul style="list-style-type: none"> a) For patient A admission 	Head of Care	01/03/2014	

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		<p>checklist was blank.</p> <p>b. Some risk assessments for patient A did not have a care plan in place. For example, being victimised.</p> <p>c. There was no discharge care plan for patient A, B and C.</p> <p>d. Care plans need reviewing. They were difficult to follow and some had two areas listed under one heading.</p> <p>e. A number of inappropriate comments were listed in the daily report records of patient A.</p> <p>f. For patient C, their care plan for aggression was not specific enough. There were no strategies identified.</p> <p>All areas identified must be addressed.</p>	<p>checklist to be completed in full</p> <ul style="list-style-type: none"> • b) Full MDT review of A's care plan • c) To complete Additional Care Plan for All Patients at St Teilo, this includes discharge pathways, short, medium and long term service user goals • d) All Care Plans to be audited and reviewed • e) Documentation training and Supervision around documentation to be given for all staff • f) Review C and all other care plans to be SMART • All active care files to be audited in the next 4 weeks and individual action plans devised from this. 	Head of Care	<p>01/03/2014</p> <p>01/05/2014</p> <p>01/05/2014</p> <p>01/06/2014</p> <p>30/03/2014</p> <p>01/05/2014</p>	<u>completed</u>
4	Regulation 20 (1) (a)	An urgent review of staffing numbers is required to ensure they are adequate and patient leave is not cancelled. Due to staff shortages, some patients have been unable to take leave.	<ul style="list-style-type: none"> • Monitor Cancelled Activities and reasons and review monthly towards improvement. • Obtain feedback at Patient Forums • Undertake a review of staffing 	Occupational Therapy Occupational Therapy Hospital Manager,	<p>01/05/2014</p> <p>30/03/2014</p> <p>01/05/2014</p>	<u>Completed for Dec Jan, Feb and current date Patient meeting held 5/03/14</u>

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			needs/SoP	Regional Director		
5	Regulation 20 (2) (a)	The majority of staff had not received documented supervision. For January 2014, three out of 8 nurses had received supervision and 7 out of 28 support workers had received supervision. All staff must receive regular and documented supervision.	<ul style="list-style-type: none"> To ensure Monthly supervision is kept up to date nurses 2 monthly minimum supervision matrix in place for support workers 	Head of Care Nurses Head of Care	30/03/2014 01/05/2014	<u>New supervision matrix attached and up to date.</u>
6	Regulation 20 (2) (a)	Not all staff had received an appraisal. All staff must receive a regular and well documented appraisal.	<ul style="list-style-type: none"> Appraisal matrix in place and to ensure that Appraisals for ALL staff are kept up to date 	Hospital Manager	15/04/2014	<u>New supervision matrix in place, will be rolled out from April.</u>
7	Regulation 19 (2) (a) & (b) (iv) & Regulation 20 (1) (a)	The formal multi-disciplinary team (MDT) must have nursing representation to ensure full involvement of all disciplines. At the time of our visit, the formal MDT consisted of the responsible clinician, psychology and occupational therapy. Nursing staff had input but not formal membership.	<ul style="list-style-type: none"> St Teilo will ensure that staff are made aware of the difference between Senior Team Meetings and MDT Meetings St Teilo will ensure that all members of the MDT will be included in MDT meetings at all times This to be communicated to ALL staff 	Hospital Manager Responsible Clinician Head of Care Hospital Manager	30/03/2014 01/04/2014 01/04/2014	
8	Regulation 15 (5) (a) & (b)	A number of issues were identified within the Cambian pharmacy audit dated February 2014. The issues identified must be addressed and evidence of compliance provided.	<ul style="list-style-type: none"> Action plan in place following clinic audit by Quality, Audit & Compliance (QAC) Team. Once complete a copy of the action plan will be sent to HIW. 	Hospital Manager	31/03/2014	

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			<ul style="list-style-type: none"> Quality and Audit Team to undertake a follow up audit to identify progress 	Quality, Audit & Compliance Team	30/03/2014	<u>Follow up audit competed 17/03/14</u>
9	Regulation 20 (1) (a) (2) (a) & (b)	The hospital has a number of patients who self-harm and there was a lack of training documented for staff to deal with this. A training programme must be devised and implemented in terms of self-harm, primarily for support staff.	<ul style="list-style-type: none"> Training needs analysis for all staff to be completed One day refresher PD training to be rolled out which includes self-harm. 	Psychologist Psychologist Training Department	30/04/2014 01/06/2014	
10	Regulation 15 (1) (a) (b) & (c)	Patient D has been at St Teilo for over 2 years and has not received any specific treatment for their eating disorder. A therapeutic programme for eating disorder must be provided.	<p>Referral's had been made in the past, however the patient declined to attend the appointments.</p> <ul style="list-style-type: none"> Referral and Assessment to be completed for Patient S in relation to eating disorder needs 	Responsible Clinician	31/03/2014	<u>Referral made 10/03/14. Dr Herzig assessing patient S 27/03/14</u>
11	Regulation 26 (1) & (2) (a)	The nurses' office had the blinds closed because of patient information on whiteboards. Boards displaying patient information must be covered appropriately to enable staff in the office to have an unobstructed view of patient areas.	<ul style="list-style-type: none"> Purchase blind and fit to cover white board, and open blinds in nursing office to remove obstruction of view of patients 	Maintenance	15/04/2014	<u>Completed 17/03/14</u>
12	Regulation 23 (1) (a) (i)	The care plan system only allows 4 points to be added per patient record on restrictions on freedom	<ul style="list-style-type: none"> Remove line from care plan template stating no more than 4 points to care plan. 	Audit, Quality and Compliance Team	01/04/2014	<u>Completed 03/03/14</u>

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		and choices, personal needs, potential risks and psycho social needs. This arbitrary decision of only 4 areas within a patients' plan of care must be reviewed.	<ul style="list-style-type: none"> Staff to document risks identified and care plan as required 	Multi-Disciplinary Team	01/04/2014	
13	Regulation 15 (1) (a) & (b)	Patients and staff expressed concern over access to general practitioners (GP). Therefore improved access to GP services is required.	<ul style="list-style-type: none"> Request formal meeting via letter with GP Practice and discuss methods of improving patient GP experience Review This in Patient meetings and feedback weekly 	Responsible Clinician Hospital Manager	01/03/2014 01/06/2014	<u>Letter sent 28/02/14</u>
14	Regulation 15 (1) (a) (b) & (c)	During the visit a number of patients were not engaged in activities, with some patients complaining of boredom. A review of activities to be undertaken.	<ul style="list-style-type: none"> Discuss feedback at Patient Meeting weekly and formulate action points to be completed Review all Patients individual Therapy Programmes and OT clinic to discuss review Review current OT programme following patient feedback at Community meeting Review at Annual Patient Survey Patients to feedback at Clinical Governance Meetings held 	Occupational Therapist	01/06/2014	<u>Completed 5/03/14</u> <u>All patients completed annual survey, data to be inputed</u>