

Concern	Action	By Who	By when	Status
<p>1. Patient A is an informal patient, residing on Cedar Lodge which was locked. In addition, when the patient displayed aggressive and challenging behaviour, staff had to lock themselves in the kitchen and the patient out of this area. A Deprivation of Liberty Safeguards (DoLS) assessment must be undertaken as a matter of urgency.</p>	<p>Pinetree to re submit DoL's application and request a further assessment.</p> <p>Previously PTC client had received a DoLS assessment on his admission and we received confirmation from North Somerset Supervisory Body that a Standard Authorisation was not required on 26/03/13.</p>	<p>Deborah Tonkin</p>	<p>DoLS application submitted on the 4th April 2014. Assessment completed on 07.04.14</p>	<p>Decision from DoLS is that the client A meets the criteria for detention under the MHA.</p> <p>Currently awaiting a MHA assessment for the client.</p> <p>- Ongoing</p>
<p>2. The following issues were identified during an audit of care records:</p> <p>a. There was no discharge plan in place for patients B, C, D and E.</p>	<p>1. Discharge planning to be agreed for all clients.</p> <p>a. B-discharge plan completed and client is being discharged 11th May. D- been discharged C- in process E-in process</p>	<p>RC's to discuss at next MDT.</p> <p>MDT</p>	<p>Meeting arranged for Tuesday 8th April to agree formats.</p>	<p>Completed</p> <p>Ongoing</p>

<p>b. Two information systems were in place, care plans and behavioural support plans (PBS) which resulted in the duplication of information.</p>	<p>Meeting arranged with SSCT to discuss their requirements.</p>	<p>Dr Hider S Bartley S Spillane</p>	<p>16th May 2014</p>	<p>Some documentation has now been rationalised and duplication on electronic FACE recording and paper has been streamlined on 9th April 2014. The Unit daily recording pack has been reduced. Section 17 forms are now recorded on paper only. Incident forms are now recorded on paper only.</p>
<p>c. The initial 72 hour care plan for patient B had some areas not signed and dated.</p>	<p>Revised and improved pre-admission assessment removes need. PTC will no longer use the 72 hr care plan</p>	<p>Clare Wilson Unit Manager</p>	<p>4th April 2014</p>	<p>Completed</p>
<p>d. There was no capacity assessment on file for patient B.</p>	<p>Ongoing MDT discussions in relation to areas requiring assessment of capacity. Where required these will be undertaken.</p>	<p>Alan Wall Clinical Manager</p>		<p>Ongoing</p>

<p>e. Not all care plans in place for patient C had been signed by the multi disciplinary team.</p>	<p>All care plans for C have now been signed</p>	<p>Clare Wilson Unit Manager</p>	<p>5th April 2014</p>	<p>Complete</p>
<p>f. Two care plans on weight management for patient C were examined. One plan was very good and prescriptive in terms of nutritional requirements and body mass index. The other was very poor which was not prescriptive and too general.</p>	<p>Only one care plan had now been authorised</p>	<p>Clare Wilson</p>	<p>5th April 2014</p>	<p>Complete</p>
<p>g. There was no record of evaluation of the electronic care plans for patient B, but the paper copies had been evaluated.</p>	<p>Electronic care plans are no longer in use and will be removed.</p>	<p>Unit Managers</p>	<p>30th April 2014</p>	<p>Complete</p>

<p>h. The care plans on diabetes was not detailed sufficiently in terms of bloods (haemoglobin), monitoring and footcare for client D.</p>	<p>Care plans for clients with specific healthcare needs are written in consultation with G.P</p>	<p>MDT</p>	<p>10th April 2014</p>	<p>Complete</p>
<p>i. There was a care plan in place for patient D entitled 'false allegations'. This title is inappropriate and judgemental.</p>	<p>The care plan is now titled "allegations</p>	<p>Claire Wilson Unit Manager</p>	<p>10th April 2014</p>	<p>Complete</p>
<p>j. Patient E was prescribed medication for pain relief, however no pain risk assessment was available. Regulation 15 (1) (a) (b) & (c) Regulation 15 (1) (a) (b) & (c)</p>	<p>A pain assessment protocol has been put in place</p>	<p>Clinical Manager</p>	<p>10th April 2014</p>	<p>Complete</p>

<p>3. A review of the treatment area/medication charts was undertaken and the following observations were made:</p> <p>a. Patient A was prescribed Ferrous Fumerate on 20th March 2014, but this was has not been administered because it was not in stock. Medication prescribed must be available for patients</p> <p>b. There was no wash hand basin in the office where medication is dispensed from. A suitable sink must be installed to allow access to clean fresh water.</p>	<p>Stock had been ordered on the date of prescription. Stock has been obtained.</p> <p>Installation of wash hand basins has been added to the maintenance programme</p>	<p>Immediate</p> <p>Estates Team</p>		<p>Complete</p> <p>Ongoing</p>
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<p>4 A number of staff required updated training in safeguarding of adults and equality and diversity.</p>	<p>At the time statistics at Pinetree were : Safeguarding Adults 94% Safeguarding Children 91% Equality & Diversity 87%</p> <p>All staff have been reminded of the company requirement to attend and complete planned training within the timescales given them.</p>			<p>Ongoing</p>
<p>5 The writing on some Mental Health Act (MHA) legal papers was illegible. Legal papers must be written clearly so comments and instructions can be understood by those persons requiring the information.</p>	<p>Medical Director to discuss this with the individual RC</p>	<p>Medical Director</p>	<p>10th April 2014</p>	<p>Complete</p>

<p>6 Under section 132 of the MHA, the easy read material for patients with a learning difficulty needs to be reviewed and improved.</p>	<p>Review current easy read documentation. Develop and/or source further materials</p>	<p>Deborah Tonkin</p>		<p>Ongoing</p>
<p>7 One responsible clinician (RC) had not responded to numerous (8) requests for a review of medication report. The RC must respond in a timely manner to requests for information.</p>	<p>Medical Director to discuss this with the individual RC (who is not based in PTC)</p>	<p>Medical Director</p>	<p>Immediately</p>	<p>Complete</p>
<p>8 The following areas regarding the environment were noted: a. There was insufficient lighting on the way to the smoking area.</p>	<p>An additional light has been requested plus yellow non slip grips for the steps.</p>	<p>Deborah Tonkin</p>		<p>Ongoing</p>

<p>b. The hatch on the office door on Larch ward was open and patient information could have been read by fellow patients.</p>	<p>The hatch on the office door Larch will be removed.</p>	<p>Deborah Tonkin</p>		<p>Complete</p>
<p>c. The upstairs office on Juniper ward had confidential patient information displayed and could be observed through the glass window.</p>	<p>Client information to be removed from the office board</p>	<p>Deborah Tonkin</p>		<p>Complete</p>
<p>d. A bedroom on Juniper ward had discarded disposable gloves and paper towels on the floor.</p>	<p>This empty bedroom has now been cleared and cleaned.</p>	<p>Julie Nolloth Unit Manager</p>	<p>30th March 2014</p>	<p>Complete</p>
<p>e. The nurse call units in the bathroom and WCs on Juniper ward were inappropriately placed and unreachable if required in an emergency. The environmental areas listed must be addressed.</p>	<p>A review will be undertaken to consider the positioning of the Nurse call units. An action plan will be developed following this meeting</p>	<p>Deborah Tonkin RM</p>		<p>Ongoing</p>

<p>9 A review of internal recreational and social activities is required, especially for those patients with limited and no section 17 leave.</p>	<p>A full range of activities internal and in the community is available to our clients if they wish to participate Resources have been sourced to add additional equipment to the rooms in The Hive.</p>	<p>Deborah Tonkin RM</p>		<p>Regular review and monitoring of all activities is ongoing</p>
<p>10.The audit for the care and treatment planning (Welsh Measure) must be improved. A more effective and meaningful audit of the Measure must be implemented. Regulation 15 (1) (a) (b) & (c) Regulation.</p>	<p>An Audit has now been developed by the Senior Management Team for the Welsh measures.</p>	<p>Deborah Tonkin.</p>		<p>Complete</p>