

**Heatherwood Court Action Plan for HIW issues of concern following the HIW inspection on 4 and 5 March 2013.**

Issue of Concern	Action	Person(s) Responsible for implementation	Timescale	Status
<p>1. A number of decisions appeared arbitrary and had been applied to all patients. No patients had keys to their bedrooms or snack cupboards. In addition there was a set amount of milk given to patients each day and patient pampering sessions had been stopped. Decisions should be based upon risk and patient's identified needs not just a "blanket" approach.</p>	<ul style="list-style-type: none"> <li>• Access to bedroom keys will be provided on an individual risk assessed basis. This will be discussed, reviewed and recorded at MDT monthly.</li> <li>• Work is currently underway to provide individual snack cupboards in the kitchen. This will allow the patients to have individual, risk assessed access.</li> <li>• Appropriate timetables for each individual is evidenced in their files.</li> <li>• Extra milk is provided according to patient need and or requests.</li> </ul>	Patients RC and MDT	June 28 <sup>th</sup> 2013	Ongoing
		Registered Manager and General Manager	June 28 <sup>th</sup> 2013	Ongoing
		Unit Leaders	Weekly	
		Catering Manager	When needed	Completed
<p>2. The nurse call system was turned off in two patient bedrooms on Chepstow ward. The nurse call system must not be turned off.</p>	<ul style="list-style-type: none"> <li>• This is not normal practice and this has been reinforced with the staff team. One of these had been turned off at the patient's request. Nurse call alarms are no longer turned off. This is checked daily</li> <li>•</li> </ul>	Unit Leader	Daily checks	Complete.
<p>3. A number of vision panels on patient bedroom doors on Chepstow and Caernarvon wards were in the open position. Vision panels on patient bedroom doors must be maintained in the closed position.</p>	<ul style="list-style-type: none"> <li>• The vision panels were down in the bedrooms that were unoccupied at that time. They are in the closed position when a patient is in there. However it has been reinforced that these panels must be shut at all times and only opened when needed to check on a patient. This is also being checked Hourly and documented</li> </ul>	Unit leader	Daily	Complete

<p>4. Patient information was displayed on whiteboards in the nursing office which could be viewed by patients from the window. All patient information must be protected from being viewed by other patients.</p>	<ul style="list-style-type: none"> <li>The whiteboards concerned no longer have this information on them. We have provided information boards in positions which cannot be seen/observed from outside the office.</li> </ul>	<p>Unit Leader</p>	<p>21/05/13</p>	<p>Complete</p>
<p>5. A review of staffing levels must take place to ensure the effective delivery of services and support to patients. Patient activities and section 17 leave have been delayed and/or cancelled because a lack of staff. In addition, a staff nurse on Caernarvon ward had completed a 24 hour shift. This is unacceptable practice and can have a significant impact on patient and staff safety.</p>	<ul style="list-style-type: none"> <li>A standardized assessment to evaluate support levels has been sourced from the USA, and this is currently being piloted in three clinical areas via the psychology department in conjunction with the Operations and Clinical Directors. Results are due by the end of June 2013. The practice of 24 hr shifts is not supported by managers and staff have been directed accordingly. Staffing levels are reviewed locally on a daily basis and are dictated by patient need. We have a morning MDT meeting where patient issues are discussed. This is also an opportunity to change staffing levels to meet need.</li> </ul>	<p>Operations and Nursing Director MDT</p>	<p>End June 2013</p>	<p>Ongoing</p>
<p>6. A review of the complaints highlighted a lack of availability of transport which has resulted in patient leave being cancelled. A review of transport is required to ensure it is adequate</p>	<ul style="list-style-type: none"> <li>We have five vehicles available for the hospital. In addition to this we have access to a mini bus which can be used when needed.</li> <li>A review of vehicle usage is continuing and now includes weekly usage information to the Registered Manager. This will form the basis for ongoing review decisions relative to the vehicle availability.</li> </ul>	<p>Registered and General manager</p>		<p>Complete and Ongoing</p>

<p>7. All patient documentation must be appropriate and link with other documentation to enable a comprehensive patient profile. The risk assessments, management plans, treatment plans and care plans reviewed could not be easily linked.</p>	<ul style="list-style-type: none"> <li>This is being audited monthly by the MDT. The files are now integrated and risk assessments are linked to care plans and vice versa.</li> </ul>	MDT	May 2013	Complete.
<p>8. A number of issues require attention relating to patient SBW:</p> <p>a. The smell of urine from SBWs room was impacting on the patient in the next room.</p> <p>b. A review of SBWs notes highlighted that she did not agree with her care plan. It was unclear what had happened as a result, therefore a review of SBWs care plan is required.</p> <p>c. There was no care plan in place on access to SBWs room/area. She cannot leave her room independently, therefore this seems like potential seclusion. A robust care plan needs to be in place.</p> <p>d. A daily support record is completed for SBW, but it was not clear how this note fits in with her other notes. One comprehensive system of recording should be maintained.</p>	<ul style="list-style-type: none"> <li>SW's Area has been refurbished. The flooring has been taken up and replaced. There is a regular cleaning rota to manage this area.</li> <li>A review of the care plans has taken place. Where there are care plans required but the individual does not agree with these, the matter will be referred to MDT and discussed with advocates where this is available.</li> <li>SW was in possession of an access card to use the door whenever she wanted. We have now replaced this access system with a door handle. This does not now need a care plan</li> <li>Only one record is kept</li> </ul>	<p>Estates Director</p> <p>MDT</p> <p>Maintenance</p> <p>Nursing staff</p>	<p>17 May 2013</p> <p>May 30<sup>th</sup> 2013</p> <p>17 May 2013</p>	<p>Completed</p> <p>Ongoing</p> <p>Completed</p> <p>Complete and Ongoing</p>

<p>9. A review of the scripts for patient RJ, in relation to aggression is required as they can be viewed as punitive. In addition, his health care plan was of poor quality, specifically in relation to both his health needs and prevention. An immediate review of RJ's paperwork is required.</p>	<p>RJ was a patient from LBC hospital in Newport admitted on 9<sup>th</sup> February 2013. The scripts had been developed by his previous MDT and were under evaluation within his first month here. His "Scripts were updated after the HIW inspection. Furthermore, the scripts were reviewed by MDT on the 16<sup>th</sup> April and updated to a positive behavior support plan. RJ has been transferred back to LBC hospital as this was only a temporary placement.</p>	<p>Llanbedr Court MDT</p>	<p>March 2013  Updated April 2013</p>	<p>Completed  Completed</p>
<p>10. General practitioner (GP) services do not cover 52 weeks and HIW were informed by the registered provider that there were times when they felt that the on-call service had not responded appropriately. Discussions between Heatherwood and the Local Health Board are taking place and the outcome of the discussion should be reported to HIW within 1 month.</p>	<p>The GP service is contracted from the Cwm Taf Health Board. Their Provision was 52 weeks of the year. There was an occasional issue when one of the two contracted sessions a week were not covered but they were maintained for 52 weeks. The On-call service in the evening has been refused to us. The BMA have advised GP's that they do not have to provide on call services to independent hospitals. As such the GP's in Cwm Taf have decided they will not provide this service to low secure hospitals. As a result we have decided to directly employ a GP for two sessions a week with cover from IGP for their holidays. Evening and weekend cover has to be NHS direct and the RGH Primecare service or attending RGH Casualty dept.</p>	<p>Medical Director and CEO</p>	<p>July 1st 2013</p>	<p>Ongoing</p>

<p>11. No pay phones were available on the wards and mobile phones are kept in the reception area. Patients can use the wards telephone but access is totally dependant on staff. A review of this system is required to ensure patients have an appropriate level of privacy.</p>	<p>Telephone lines had been put in place but hadbeen damaged by the patients. These have been replaced. We have purchased telephones that are provided on the wards but can be moved for patient safety procedural and relational security.</p>	<p>General Manager</p>	<p>June 28<sup>th</sup> 2013</p>	<p>Ongoing</p>
<p>12. There was a lack of information for patients on display throughout the wards. In particular, information relating to advocacy, complaints and activities.</p>	<p>Relevant Notices have been placed on the units</p>	<p>Registered Manager and unit leaders</p>	<p>5<sup>th</sup> March 2013</p>	<p>Complete.</p>