

Heatherwood Court - Action Plan – Inspection 16 and 17 January 2014

Issue of Concern	Action	Person (s) Responsible for implementation	Timescale	Status
<p>1. HIW must be assured that all placements are appropriate and not have an adverse effect on other patients, staff and running of the ward; in particular patient A on Cardigan ward HIW must be satisfied that all admissions to the hospital are and continue to be appropriate.</p>	<p>The organisation is in discussions with the purchasing authority to discuss a bespoke placement. Agreement has been made in principle.</p> <p>All admissions to HWC are subject to a process which includes the original referral, Medical and Nursing assessments, Pre admission meeting (which discusses treatment need and compatibility) and a decision is then made about offering placement from the pre-admission meeting.</p>	<p>Responsible Clinician and MDT</p>	<p>September 2014</p>	<p>Discussion stage</p>
<p>2. Issues regarding care records, these included:</p> <p>a. A lack of a care plan for observational levels that would describe the steps and processes.</p> <p>b. An absence of a restraint/physical intervention care plan for patients A, B, C, and D.</p>	<p>HWC follows the NICE guidelines on observations.</p> <p>In addition to the NICE guidelines, care plans are being developed which show the process for the implementation of and moving through the different levels of obs.</p> <p>A new format for care plans for Physical Interventions is being devised as the techniques used can vary due to the size, weight and power issue.</p> <p>For patients that are a known risk of physical violence or self harm requiring use of Physical interventions these care plans will be added.</p>	<p>Registered Manager/Clinical Manager</p> <p>Responsible Individual/Registered Manger/Clinical Manager</p>	<p>End March 2014</p> <p>End March 2014</p>	<p>Under Development</p> <p>Under Development</p>

<p>4. A number of issues with the clinic/treatment rooms were identified. These included:</p> <p>a. On Cardigan ward the controlled drug Buprenorphine had no patient label on the box.</p> <p>b. Controlled drugs for patient E had no second signature on their record for administration.</p> <p>c. Patient F, had medication prescribed which had been out of stock since 17 December 2013</p> <p>d. A potential overstock of some medications, including Lansoprazole and Naproxen.</p> <p>e. The drugs trolley on Cardigan ward had drugs stored on the bottom shelf.</p> <p>f. On Caerphilly ward the medication room and drugs trolley were left unattended and open.</p>	<p>Buprenorphine is a Schedule 3 controlled drug. As such it can be held in a hospital as a stock drug. This has been confirmed by both our Pharmacy supplier and the Home office drugs licensing and compliance unit. This is why it had has been supplied to us in this manner</p> <p>All nurses have been advised of the requirements in relation to signing of Controlled Drugs. This will be included in supervisions.</p> <p>This was out of stock with our pharmacy supplier. Medical practitioners are to monitor such situations and consider alternatives for prescribing where this is possible and therapeutic beneficial.</p> <p>We have addressed the meds ordering system with the nurses through clinical supervision</p> <p>These are now kept locked in the liquid medicines cabinet within the clinic room, however the drugs trolley does not leave the clinic room which is a separate room within the office. All medicines are administered directly from within the office area.</p> <p>We have addressed this with the nurses on duty that day through clinical supervision. The need for full and proper medicines security has been highlighted along with nurses professional accountability.</p>	<p>Pharmacist</p> <p>Clinical Manager</p> <p>Unit Managers/ Clinical Manager/ Responsible Clinicians</p> <p>Pharmacist/ Nurses</p> <p>All Nurses</p> <p>All nurses</p>	<p>Immediate</p> <p>Immediate</p> <p>Immediate</p> <p>Immediate</p> <p>Immediate</p> <p>Immediate</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Ongoing</p>
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<p>5. A review of the use of quiet rooms for patients is required to ensure patients have adequate access to these rooms.</p>	<p>A review of this has been undertaken. The room is regularly used both for patients wishing additional privacy and for those experiencing heightened anxieties when this presents. The redevelopment of the Hub is now contributing to additional opportunities for time away from the unit and has additional spaces available for quiet, reflective or relaxation times.</p>	<p>Registered Manager and MDT</p>	<p>February 2014</p>	<p>Complete</p>
<p>6. Staff supervision is taking place, however there is a lack of a principle recording system. An assessment of the current system is required to determine the best way of recording staff supervision centrally.</p>	<p>We have reviewed the central recording system. The General Manager now receives a log of all supervisions, which includes a signature of the supervisee. These are now filed centrally and electronically on his system to enable management oversight of the levels, frequency and verification of supervision.</p>	<p>General Manager/ Unit Managers</p>	<p>February 2014</p>	<p>Complete</p>