

Coed Du Hall Hospital

Action Plan Following Unannounced Inspection 13th – 15th October 2014

No	Concern	Regulation	Action	Responsible	Action Date	Status
1	<p>On the evening of 13/10/2014 the agency registered nurse on duty was unaware of some key information;</p> <p>a. The number of patients in the hospital.</p> <p>b. The number of beds in the hospital.</p> <p>c. The patient information board in the office.</p> <p>d. If any patients were subject to Deprivation of Liberty Safeguards (DoLS).</p> <p>e. Access to the handover report stored on the computer.</p>	<p>Regulation 15 (1) (a) & (b) & Regulation 20 (1) (a) & (b)</p>	a-d Nominal Roll board in Nursing office to contain all identified and relevant details.	Hospital Manager	21.11.14	Completed
			Use of Nominal Roll board added to Agency Nurse Induction Plan.	Hospital Manager	21.11.14	Completed
			Introduction of daily handover sheet with nominal role information.	Nursing staff	21.11.14	Completed
			e. Access and use of electronic record in Nursing office added to Agency Nurse Induction Plan	Hospital Manager	21.11.2014	Ongoing-CL/Nurse undertaking induction to action when inducting
2	<p>Upon arrival at Coed Du Hall and making our way to Cedar ward, it was evident that at least two staff were on Cedar unit who should have been on other wards. The reality of this situation was that other wards were left without staff. All wards must be appropriately staffed at all times.</p>	<p>Regulation 15 (1) (a) & (b) & Regulation 20 (1) (a)</p>	Nurse In Charge (NIC) of span of duty to allocate all staff to work areas at commencement of span of duty	NIC span of duty	14.10.2014	Completed
			NIC to identify staff allocation for commencement of duty in comments section of electronic handover sheet.	NIC span of duty	12.12.2014	Completed
3	<p>The induction checklist for agency registered nurse A was not complete and it was therefore difficult to ascertain what aspects of induction had been completed for agency staff. This point was highlighted in June 2014 and requires attention.</p>	<p>Regulation 20 (1) (b)</p>	Following discussion with Agency S/N A will no longer be allocated spans of duty at Coed Du Hall.	Hospital Manager	14.10.2014	Complete
			Clinical Lead Nurses to ensure all new start agency staff complete agency induction.	KK / LB	14.10.2014	Completed

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4	During our visit there were agency staff on duty (A and B) however there was no information available to confirm what skills and experience they had. This point was highlighted in June 2014 (point 2) and requires immediate attention. The registered provider must have evidence that agency staff have the necessary training and experience to enable consistency of care for the patient group.	Regulation 21 (2) (b)	Mon Care and Jane Lewis Agency to supply required information on skills and expertise for all staff supplied to Coed Du Hall (skills document updated July 2014 – some staff attendance had predated change in documentation).	Hospital Administrator	21.11.2014	Completed
5	A sample of patient care documentation was examined and the following observations were made:	Regulation 15 (1) (a) (b) & (c)				
5a	<p>Patient 73362 on Cedar ward:</p> <ul style="list-style-type: none"> i. The observational record was not up to date. At 11:20 when HIW checked the records, the last entry was recorded at 10:00 and this entry was not fully completed. ii. Other observational records were not fully completed and did not contain sufficient detail. iii. The care plan on discharge was not evaluated in line with identified timescales. iv. The activity schedule needs to be further developed and “morning routine, breakfast and tidy room” remained a common feature. 	Regulation 15 (1) (a) (b) & (c)	<ul style="list-style-type: none"> i. Staff meetings and additional training on completing observations. ii. Observation forms revised to allow for improved record keeping. iii. Care plan evaluated in MDT iv. Activity schedule revised however scripted activities continue 	<p>NCY / GT</p> <p>MDT</p> <p>MDT</p> <p>Primary Nurse/MDT</p>	<p>W/C 27.10.2014</p> <p>31.10.2014</p> <p>24.10.2014</p> <p>04.08.2014</p>	<p>Completed</p> <p>Completed</p> <p>Completed</p> <p>Completed</p>

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5b	Patient 73370 on Ash ward:	Regulation 15 (1) (a) (b) & (c)				
	i. A lack of evidence in the daily entry notes of treatment and therapeutic interventions.		i. Additional training for staff in record keeping	NC-Y/CL	w/c 03.11.2014	Completed
	ii. Vulnerability had been assessed as “very high risk” but the risk management strategy in response to this was not robust and lacked detail.		ii. Risk management strategy routinely revised in MDT	Primary Nurse MDT 73370	29.10.2014 19.11.2014 26.11.2014	Completed / Ongoing
	iii. There was a lack of written evidence that the patient had been involved or had the opportunity to be involved in the risk assessment process.		iii. 73370 input (or declined input) now evidenced. Routine reading of Pt rights (for all) includes invitation to participate in care and risk planning. Agenda item at Community meetings	Primary Nurses Hospital Manager	29.10.2014 03.11.2014	Completed Completed
	iv. The support plan on diabetes did not consider the area of foot care and physical health complications sufficiently.		iv. Diabetes Care Plan amended to include all elements of diabetes related Physical healthcare.	Primary Nurse TH	08.11.2014	Completed
		v. Activity schedule revised	Active Support Lead LP	24.10.2014	Completed	
	The activity schedule (November 2014) needs to be further developed.					

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5c	Patient 73381, Cedar ward:	Regulation 15 (1) (a) (b) & (c)	<ul style="list-style-type: none"> i. Staff meetings and additional training on completing observations. ii. Activity schedule revised 	<ul style="list-style-type: none"> NCY / GT Active Support Lead LP 	<ul style="list-style-type: none"> W/C 27.10.2014 24.10.2014 	<ul style="list-style-type: none"> Completed Completed
	<ul style="list-style-type: none"> i. There were a number of gaps in the observational records. ii. The activity schedule needs to be further developed because it lacked details of meaningful activities. iii. 					
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5d	Patient 73375, Beech ward:	Regulation 15 (1) (a) (b) & (c)	<ul style="list-style-type: none"> 73375 BSP revised with input from external BCUHB team. RESPECT trainers to seek guidance from National leads on enhanced RESPECT 	<ul style="list-style-type: none"> Primary Nurse (LB) EJ / GT /MH 	<ul style="list-style-type: none"> 21.10.2014 03.11.2014 	<ul style="list-style-type: none"> Completed Ongoing
	<ul style="list-style-type: none"> i. There was a lack of evaluation of the behavioural support plan undertaken by the psychologist and it was unclear how this document fitted in with other support plans. ii. The risk management strategy on aggression towards others only took account of a two person hold/escort when there had clearly been occasions when a restraint had required more than two persons. 					
6	A number of patients (73381, 73376, JR73361, 73360, 73368, and 73373) had limited opportunity to leave the hospital on recreational and social activities. All patients must have an opportunity to attend community based activities.	Regulation 15 (1) (a) & (b)	Increased external therapeutic activity for identified service users	O/T Activity support Reg Nurses Support Workers	w/c 03.11.2014	Ongoing

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7	Following the staffing review (point 3, June 2014 letter) there still remained issues of patients not having recreational and social leave outside Coed Du Hall. The registered provider must undertake an analysis of all patient leave/activities (outside of Coed Du grounds) within the last 3 months (July- September 2014) and report the findings to HIW.	Regulation 15 (1) (a) & (b) & 19 (1) (a) & (b)	Audit of recreational and social leave 01.07.2014 – 30.11.2014.	CLNs / OT team	01.12.2014	Completed (attached)
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8	On-going redecoration and refurbishment of the hospital is required. The areas that require attention were: a. Ward level kitchens, specifically Beech ward which had chipped work surfaces. b. Beech lounge had liquid stains on the walls and ceiling. c. The seating on the wards needs to ensure they are suitable for the patient group. On Cedar ward some sofas and chairs were exceptionally low and some patients struggled to get up from them.	Regulation 26 (2) (a) & (b)	Refurbishment of units planned as part of reduced service occupancy. a. New kitchen work surfaces to be fitted (Beech) reported to RI Sept 2014 b. Beech ceiling to be repainted as part of reduced occupancy refurbishment. c. Furnishings and fittings under review by RI Sept 2014	MH (RI) Maintenance MH (RI)	16.10.2014	Work surfaces ordered awaiting action date. Completed Awaiting action date.
9	An on-going review of patient placements is required. Whilst some patients had moved on, there remained a number who have been at the hospital for a significant period of time. This point was identified in June 2014 (point 13) and the review of these placements must continue.	Regulation 15 (1) (a) & (b)	Discharge status of all patients reviewed by RC and MDT documented in care files further actions required by commissioning and community teams to facilitate discharge.	Dr AS / BCUHB and other commissioners	10.11.2014	Completed

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10	Infection control processes continued to be inadequate and were identified in June 2014 (point 7). In the bathroom on Ash ward, there was a red bag of soiled clothes on the floor, which was broken and spilling out onto the floor. Clean towels were stacked on the soiled bin lid and the WC was heavily soiled. Effective infection control processes are required and must be implemented immediately.	Regulation 9 (1) (n) & 15 (1) (c)	All staff to complete Infection control training. Identified staff member to undertake external infection control training and lead on Infection Control issues.	NC-Y/CL LB (LCN)	w/c 03.11.2014 11 th 12 th Nov 2014	Completed Completed
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11	A review of the distribution of food is required and it should take into account of the following points; a. Staff from primarily Ash ward was allocated the daily task of serving food to patients on all wards. b. Staff and patients stated that Cedar ward was frequently the last ward to receive the food trolley. As a result the temperature of the food was not sufficiently hot and the choice could be limited because the other wards had been served first.	Regulation 15 (9) (b)	a. Review with Ash staff, nurses and Chef identified only one member of staff from Ash undertook food trolley duty. However chefs now routinely serve food from trolley to staff and service users. b. Delivery of food via trolley rotated between units. c. Random checks of food temp by chef during serving of meals showed food was maintained at appropriate temperature	Chef / NIC Chef / NIC Chef	16.10.2014 16.10.2014 16.10.2014	Completed Completed Completed
12	The uncertainty of the way the service was developing and a breakdown in communication between some disciplines was having a negative effect on morale. A decision regarding the development of the service and improvement of communication is required.	Regulation 18 (2) (a) & (b)	Staff meetings booked monthly Sept 2014 – July 2015 RC meets weekly with Support workers to update and discuss issues they wish to raise.	Hospital Manager RC	05.08.2014 26.09.2014	Completed Completed / ongoing

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13	Feedback from patients and staff indicated a lack of awareness of the advocacy provision. Awareness of advocacy services must be promoted.	Regulation 15 (1) (a) & (b)	Flintshire Advocacy Service to provide training as part of Induction / Mandatory training.	Flintshire Advocacy	w/c 03.11.2014	Completed / Ongoing
14	There were no approved mental health persons (AMHP) assessments available with the legal documents. AMHP assessments must accompany the legal documents.		Mental Health Act documentation check list revised to include requirement for AMHP reports with received MHA documentation at admission to service.	EJ / AS	03.12.2014	Completed
15	The hospital had a new responsible clinician (RC) and new assessments of capacity had not been completed. Assessment of capacity is required.		Dr A Shetty to review and sign assessments of capacity.	Dr AS	17.10.2014	Completed